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ABSTRACT

This document consists of part four of a book of readings that examine issues affecting men in the late 20th century. It was written for counselors at all educational levels, social workers, community therapists, private practitioners, clinicians, teachers, hospital workers, and Employee Assistance Program workers. Four chapters are included in this fourth section, which is on counseling techniques and treatments. "A Personal Perspective on Working With Men in Groups" (Patrick Dougherty) describes a psychotherapist's experience with men in groups, examining the circular nature of psychotherapist with men in groups, examining the circular nature of men's journeys into emotions and intimate relationships. "Helping Men Become More Emotionally Expressive: A Ten-Week Program" (Dwight Moore) provides step-by-step descriptions of readings, experiential activities, and group process for a 10-week group designed to increase emotional expressiveness. "Treating Men Who Batter: A Group Approach" (Roger Grusznski and Gunnar Bankovics) describes a particular program that helps men understand their behavior, control that behavior, and develop alternatives to deal with their underlying emotions and tension. "Counseling Suicidal Men" (Dennis Elsenrath) outlines the causative factors in suicide, focuses on male relationships, and looks at special populations at risk for suicide. Assessment of suicidal intent and myths concerning suicide are thoroughly discussed and resources and approaches for suicide prevention are suggested. (NB)

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A strong, grounded sense of masculine identity does more than anything else to help men be caring, nurturing, peaceful, and responsible adults.

Chapter 13
A PERSONAL PERSPECTIVE ON WORKING WITH MEN IN GROUPS

Patrick Dougherty

After many years of working with men as a psychotherapist, I have become convinced that a man's participation in a men's group is very helpful for his emotional and psychological maturity and individuation. Indeed, I now see it as almost a necessity. I once viewed group therapy as just another therapeutic option to be used only occasionally for a particular client. I used to adhere to what most of the professional literature says about working with men, that is, that they prefer goal-oriented, structured therapy. But upon reflection, I wondered, doesn't this goal-oriented and structured approach merely perpetuate some of men's problems? Is it not just as important to provide a setting in which men could safely relax their often rigid boundaries and explore their feelings?

In working with men, I once preferred individual or couples therapy; in each, I could offer a structured approach. I could often see men make great strides forward in their ability to know themselves and share that knowledge with others. Over time, though, I became aware that these men had learned to function only within a limited sphere. Yes, they had learned to interact with a high degree of sophistication and maturity in one or two relationships, often with a significant other and possibly with a friend or two, but few ventured beyond that. For most, their dependence on the few relationships in which they could function narrowed their lives. Moreover, it often created an emotional burden that led to significant problems or a breakdown in these relationships, especially the significant-other relationship. Also, the men I counseled often became dependent on therapy and did not want to leave our client-therapist relationship. In short, these men were not able to sustain or build on the progress that they initially made.

Consequently, I began to ask myself some questions: What common but unspoken underlying problems bring these men to my office and why

have I been blind to them? Why are these men not using what they have learned in individual and couples therapy to broaden their lives? What do they lack that seemingly makes them content to live such restricted lives?

Lack of a Strong Masculine Identity

After years of practice and reflection I think I have found an answer: Most men who come to therapy do not have a strong masculine identity. We psychotherapists are often concerned with the genderless word "self-esteem," but the concept falls far short of identifying what an individual, man or woman, needs to build a mature ego. Most men entering therapy tell me they have low self-esteem; rarely does a man tell me he doesn't feel good about being a man. Many men have left my office feeling good about their self-esteem, but I think few have left feeling grounded in their manhood. Now I ask: How strong is your masculine esteem? Most men respond with a confused look and an inarticulate answer. This led me to an obvious and rhetorical question: How grounded or relationship-healthy can a person be if he or she is not grounded in his or her gender?

So to whom does a man turn to get grounded in his masculine identity? Obviously, to other men. (I can say "obviously" now, after spending several years searching for an answer.) It astounds me how many men, and professionals who counsel men, honestly believe that a man can figure out who he is by being in a relationship with a woman. Clearly, a man needs to be with other men to learn what is unique and special about being a man. In the language of the mythopoetic arm of the men's movement, a man needs to be with other men to learn the "male mysteries."

The Absence of the Healthy Male Group

The environment most conducive to this learning is the male group. Many elements are needed to facilitate optimal male development, but perhaps none is so overlooked as the male group. Historically, "the (male) group has played a crucial role in masculine individuation and has been the single most powerful source of rites of passage in the psyche of man" (Berstein, 1987, p. 139).

Unfortunately, the importance of the male group has been eroding in Western cultures for hundreds of years. Indeed, in our culture two major events have contributed to the breakdown of what I call the healthy male group. The first was the founding of our nation, when rugged individualism, self-sufficiency, and taking care of "one's own" became the ideals by which the "new man" in the New World lived and died. The

Industrial Revolution, with its emphasis on the self-made or independent man, followed. Both events placed the individual above the group. As a result, they facilitated a lessening of dependence on the group, the consequence of which was the loss of the benefits to be derived from the group.

In generations past, the healthy male group helped provide men with the three elements needed for individuation or maturity (Henderson, 1964). First, the group helped the man separate from his family or clan (which usually for the young boy was a world dominated by the feminine). Second, the group provided him with a place in which he could commit himself for a considerable time while he matured. Third, the maturing allowed him to become less attached to the safety of the group and to set out on a more individual path later in his life.

In today's culture, the first element, the need to separate, still holds true. The young man is still brought up in a world mostly dominated by the feminine because women are still the primary caregivers and nurturers of children. Obviously, a man has to leave this world, separate from it, to develop a healthy masculine ego. (As fathers become more involved in caregiving and nurturing, this process of male individuation will no doubt have to be revised.)

Given the lack of healthy male groups, the second element, the need to commit oneself to a group for a considerable time, usually goes unmet. If the adolescent or young man is fortunate enough to find a male group, it is often a peer group. He may belong to a group he has known since childhood or joined in his high school or college days, but there are usually no older men in these groups who can teach or initiate him. Thus, he is left to grow up by experimentation and guesswork and by watching his peers experiment and guess.

The third element needed for individuation and maturity, the transition of lessening the attachment to the group, goes wanting. How does a man become less dependent on a nonexistent group? From where does he embark as he steps out on his own? We now often call this transition the mid-life crisis. Most men are ill-prepared for this psychic transition, and maladaptive behaviors abound. "So pervasive has the general awareness of this phenomenon become that as we approach this time of life we almost automatically begin to brace for a psychological emergency" (Stein, 1983, p. 1). If a man had been a longtime member of a healthy group, instead of bracing himself for a psychological emergency, perhaps he would be able to embrace and welcome this transition in life.

Male Groups Today

Certainly there are group settings in which men can come together to learn. Unfortunately, most of these groups have lost the power and

mystique needed to transform the male psyche. Too often the intent of group participation is to find an arena for individual advancement or a place to hide. We are left with remnants, or worse, aberrations of the healthy male group.

The military service is now a remnant, in part, because our culture has lost respect for what it traditionally offered men. Until the mid-1950s, the military service was perhaps the most universal and most powerful group for radical transformation of the male psyche. Its traditions encompassed an initiation ritual (boot camp), the requirement of commitment, competition to challenge one another to become better soldiers, and a high degree of cooperation without much focus on individual accomplishments. After the Korean War, and especially during the Vietnam War, respect for these traditions eroded drastically. Many reluctant men were drafted into the service and begrudged the time they served. Moreover, individual survival often became more important than group survival. The fear and awe that once accompanied entry into the armed forces were replaced too often by resignation and resentment. This lack of awe and respect for the military service continues today.

The male group as an aberration of its former self is quite easy to find. Many men use groups such as the Lions Club, the V.F.W., the community sports leagues, and the less formal fishing and hunting groups as a place to hide. These groups are often used as an escape from the feminine world—not for initiation or maturation as is needed, but out of fear of being dominated and engulfed by that world. Lacking a healthy male group to help him separate from the feminine world, a boy is likely to oppose or polarize against the feminine in an attempt to find his masculinity. The result is an ongoing and often unconscious fear of the feminine, which often manifests as disrespect for or even hatred of the feminine. The problem lies in the fact that a man has had no place to build a solid masculine identity by which to distinguish himself from the powerful feminine in a mature and respectful manner. Consequently, when a man is drawn to male groups as an adult, as Lionel Tiger (1970) argued in his controversial and compelling book on men's biological draw to groups, he joins groups of other men who are as emotionally stuck and confused as he is.

What Group Therapy Can Offer

Clearly, given the lack of healthy male groups in our society, group therapy can fill a significant void in a man's life. Many men who come to therapy want to straighten out their lives, but they usually want to do so in an isolated, contained manner. While in individual or couples therapy, men can often limit how much of the outside world knows of

their struggles and can control the degree to which therapy influences their lives. Their desire to control and hide the fact that they have problems is an obvious consequence of our culture's emphasis on the independent man.

Because most of the men who come to me lack a sense of their masculine identity, and because individual or couples therapy is limited in responding to this problem, I now, albeit somewhat belatedly, often recommend group therapy. Men tend to balk at this suggestion initially, but consent when they are able to see how much of their struggles stem from their lack of a strong masculine identity.

Joining a therapy group can offer a man a semblance of the three elements of male maturation I have already discussed. A man joins as "the new guy on the block." He does not know what the others know about the group or the process, and thus gets a chance to be naive and innocent. This in itself is often so foreign and longed for that it opens up emotional wounds from childhood that the man may have forgotten he even had. Secondly, all of the men must make a commitment to the group. With the commitment comes a man's opportunity of being responsible for himself, to the other members of the group, and for the health of the group itself. Having to be responsible to others and also for individual growth usually flushes out more old wounds and new behaviors to work on. Finally, as a man approaches his time to leave the group, he slowly becomes less invested in the group process and the other men, who usually respond with some sadness and envy but mostly with a lot of respect and honor.

The group offers, perhaps for the first time, a place where a man can allow himself to be open and vulnerable with other men. It is not just a place where he can "get in touch with his feelings," which is often touted as the solution to men's problems. It is also a place where he can learn some of the male mysteries. In group, a man can learn what is unique and special about being a man. He finds answers to some important questions: What are the male modes of feeling and communication? How do they differ from the female modes? What does it mean to be a lover, husband, father? What is powerful and what is dangerous about being a man?

When most men figure out that they do not have much of a sense of their masculinity, they usually search relentlessly until they find it. Group therapy is a wonderful and powerful place to search out and explore it. The group can help a man define and embrace his masculine identity. Once a man feels grounded in his masculine identity, he then has the foundation from which to work as he decides how he wants to be with himself and others. I believe that a strong, grounded sense of masculine identity does more than anything else to help men be caring, nurturing, powerful, and responsible adults.

Techniques

Most men who begin therapy are quite locked into the rational and concrete, but once given the opportunity and guidance to speak about themselves in different modes, they respond quickly, albeit anxiously. One of the most effective techniques I use with men, regardless of the type of therapy (e.g., individual, couples, group) is the analogous story. Throughout history, and until recent times, in both primitive and sophisticated societies, men have formally gathered to tell stories. In our culture, men often gather informally, but not less significantly, to tell stories. Stories roll easily from men's mouths—over a drink after work, at the ball park with a friend, while playing cards, on a hunting or fishing trip. Stories have always been a man's way of telling others about himself.

Given that they have some comfort telling stories about themselves, most men quickly learn to use this technique to disclose the depth of their wounds and struggles. In the group therapy setting, it is an effective vehicle that listeners often easily relate to and learn from. In therapy, a man's story often begins when he is encouraged to find a personal metaphor, draw a picture, or write a poem trying to describe something about himself. Just this week in group men were using personal metaphors: a wolf disguised as a fox, a king accountable to no one, a passive servant harboring a lot of righteous indignation, the raging beast hidden behind the innocent child, and others.

Case Examples

Once a man begins to tell his story, it is the therapist's responsibility to help him attend to the issues that need addressing in a creative and responsible way. Rather than listing and describing all the techniques available, I will let the stories speak for themselves.

Ted and His Fear

Referred by another therapist, Ted had been in the group for several months. He needed help to grieve about his recent divorce and to explore some issues that had created problems in his marriage and contributed to its demise. He and his ex-wife had joint custody of their two young daughters. He had just been promoted to a middle-management position in a computer processing firm.

Ted came from a family of five—an older brother and sister and his parents. His father was an evangelical minister with a parish in a fairly large southwestern city. The family rules he remembered were

quite rigid and usually backed by scripture. Ted did not in any way claim to have had a terrible childhood, but he knew that his fear of his father paralyzed him in many situations.

Ted had been trying for several weeks to explain why he had been scared of his father as a boy and why he was still scared of him. The other group members were totally lost; they kept telling him that they neither understood nor felt that Ted was in touch with his fear. Ted's use of evangelical theology and words such as "salvation" and "damnation" only added to the confusion. The co-leader and I were exasperated as to how to help Ted clarify this issue to himself and the group. At the end of a particularly frustrating session, I asked Ted to think of a nonverbal way to help the group understand what he was trying to tell us.

Visibly excited, Ted came to the next group with a roll of brown paper under his arm. He explained that he had drawn a picture of his father. He taped the top of the roll to the wall and let it unroll. The size (about three feet by four feet) and content of the picture left us all stunned for several minutes.

On the paper was a dark, monstrous man hanging on a cross; he had claws and fire spewed from his mouth. Next to the cross were three pictures of a boy. In the first, the boy was curled into a near-fetal position, in the second he was stooped, and in the third he stood straight with rage surging through arms pointed at the man on the cross. Ted explained that the boy in the fetal position illustrated how he had felt most of his life toward his father. The stooped boy showed how he now felt, and the upright, raging boy indicated what he felt he must be able to do to be free of his fear of his father.

Ted was never stuck for more than one session after that time. He often brought his picture and would work with it as it hung on the wall. He would stand, with tears running down his cheeks, and tell us stories about his childhood, which we now understood. For several months he tried to get angry or rage at the man on the cross, but in the end he would always sob with fear, unable to look at the picture. It wasn't until nearly a year later that he was able to stand up and angrily call down the man on the cross. To do so, Ted had to own the dark man within him. He had to admit that he was his father's son in more ways than he cared to be. Ted had learned about the dark side of himself by watching Alan.

Alan Facing His Dark Side

Alan, a single man in his mid-30s, worked as a foreman in a construction supply warehouse. He was quite shy and insecure, but most

people viewed him as a competent and humble man. After several months of individual psychotherapy, we both agreed that group therapy would be more challenging and more fruitful. He had sought help because of his insecurity and his inability to maintain a long-term relationship with a woman. He was the second oldest boy in a large Catholic family. His father had worked as a superintendent for the state highway department. A stern disciplinarian, he had often physically abused his sons with his hand or a belt if they upset him.

As Alan shared his struggles with the group and spoke of his shyness and inhibition with women he dated, he also divulged that he had always had "other" women in his life while he was dating. He met most of them at work and had long-term exploitive sexual relations with them. Alan did not care about or respect these "other" women, used them for sex only when he wanted it, and had callous disregard for their feelings about his behavior. He explained that they were consenting adults; all they had to do was say no and he would be gone. The group had a hard time reconciling the shy, inhibited man with the sexually abusive and condescending man.

Alan saw the inconsistency in his behavior toward women and decided to try not to have relations with "other" women. One day in group, after Alan had had another "slip" in which he had pounded on a woman's door at 3 a.m. to wake her (and halt the apartment house) so he could have some quick sex, I asked him to speak from the part of him that had pounded on the door. He sat quietly for a while, staring at the floor. Then a small, slight, hideous smirk appeared on his face, and he began to talk about women in one of the most hateful, disrespectful, and condescending manners I had ever witnessed. He went on this way for about 5 minutes. I watched as the other group members squirmed in their chairs, looking appalled and horrified. Alan broke off abruptly but continued to stare at the floor with that awful smirk on his face.

Alan had just been the first man in the group to own, in the first person, his dark side or, as the Jungians call it, his shadow. Other men had described mean or degrading behavior but always with detachment as if it were an aberration and somehow not a real part of themselves. Alan had changed all that. I asked the group to examine their own feelings before they condemned Alan. Slowly, most of the men were able to own that part of themselves that felt like Alan did, but it scared the hell out of them to see it in themselves as well as in Alan. Two of the men could not relate and remained silent.

Alan started to cry and was quickly supported for his courage, which only encouraged his sobbing. When he quit crying, Alan shared with the group what was so painful about talking from that part of himself. It wasn't remorse about his abuse of the women in his life, that would come much later. At the moment, it was the fact that he knew his feelings

about women were the same as his father's, even though he had vowed to never, ever be like his father in this regard.

Of course, having clients act out the character in themselves they are trying to describe is an exercise that comes out of the psychodrama school. Just as important is the group leader's willingness and ability to act out the character if a client is stuck. This action by the leader not only gives clients permission but also serves as a model and helps lessen the feeling of foolishness.

John and His Witch

John had been in group for 3 months. His goals were to work on his anger at women and to become an active member of the group because he had never been part of a group of men. He had talked about his "snaky" behavior with women but never seemed to go far enough with it. Even after he had drawn a picture of that part of himself—a colorful and frightening witch—he remained emotionally stuck until I asked him to stand up and act out the witch.

Obviously feeling foolish and awkward, John tried to play his witch. It seemed more like a poor portrayal of the Wicked Witch of the West than of the witch in his picture. His face turned bright red with embarrassment as he became aware that it just was not working. I asked him to let me try to act out what I saw in his picture. He smiled and sat down, gratefully allowing me to take the floor. Despite my feelings of foolishness and awkwardness, I threw myself into playing the witch. After about 30 seconds I stopped, my face red with embarrassment, and asked him if I were close. The group laughed, everyone feeling awkward. John stood up and said I was close but not quite on target, and then he threw himself into it and did some excellent work with his witch. His body held a truth that his mouth could not speak.

Waiting for Dad

When a man attempts to use one of these techniques during group, the group most often responds with reverence and encouragement, even though the man may be anxious or embarrassed about what he's doing. For example, Herb, a 56-year-old Jewish man had been trying to tell the group, unsuccessfully, of his grief concerning his father's alcoholism and consequent abandonment and neglect of him during his childhood. He was asked to find a symbolic way to tell the group about his grief. He brought the following poem to the next meeting; when he finished reading his poem, he wept, as did most of the group members.

Waiting for Dad

Dad bought me a pool table
I was only 9 years old
I wanted to play with you, Dad
But you didn't even come home tonight.

I don't know why you didn't come, Dad
Mom was real quiet
No one talked about it, Dad
But I waited for you, Dad.

Maybe tomorrow night, Dad
We can play pool tomorrow night
I'm real excited, Dad
My own pool table!

You usually come home around 5:30
But it's 7:00 now, and you're not home yet.
Where is my Dad?
We're going to play pool tonight.

Maybe tomorrow night
Sure, tomorrow night
We'll play pool tomorrow night
My dad is going to teach me to play pool
Tomorrow night.

Three nights in a row, Dad
You didn't come home to play pool with me.
I sat by the pool table waiting for you.
What's wrong, Dad, where are you? You promised me.
Don't you like being with me, Dad?
Is something wrong with me, Dad?

It seems like we'll never play pool, Dad.
I feel so sad
So sad, Dad.
I can't play without you, Dad.
Where are you, Dad?

I hate waiting for you, Dad.
I feel so scared you'll never come home to play pool.
I feel angry now, Dad.
Where are you? You promised me, Dad.

Come home, Dad.
I hate waiting for you, Dad.
My stomach hurts and I feel sick.

Where are you, Dad?
You promised me, Dad

I trusted you, Dad
You promised me, Dad
You promised me, Dad
and I believed you.

You said you'd be home at 5:30
It's 9:00 now
I have to go to bed soon
Please come home, Dad

George Getting Grounded

George was a vice president in a mid-size corporation. His career had gone well, given that he had done all the right things to make his way up the corporate ladder. Now, a few years away from retirement, he had begun to realize he did not feel close to his wife and could not communicate well with her. His problem was a classic example of the price many men (and women) pay to be part of the corporate world. Although his marriage was not threatened, as is often the case, George knew he had to do something to change his way of relating with his wife.

George's major complaint was that he did not feel very manly with his wife, children, and men outside of the business world. He would often say he just did not feel like a "solid man." The group asked George if there was anything he did that allowed him to feel manly. This always led George to the workplace. I asked him if he did anything physical that helped him feel grounded in his masculinity, if there was any tool or implement, such as a canoe paddle, shovel, or tennis racquet, that made him feel powerful. He said there was none.

A few weeks later George came to group with something wrapped in a long, brown paper bag. He explained that he had gone to a martial arts supply store to buy his son a new outfit. While in the store, he had been intrigued by several different kinds of swords made of a hard wood. He had left the store but went back the next day to buy his "grounding tool." He reported that as a boy he had been fascinated with swords and had seen them as a manly thing to own.

He began to unwrap it with some excitement plus some growing embarrassment. After all, here was a corporate vice president excited about showing off his new wooden sword. But the group's obvious excitement as they sat forward in their chairs in anticipation seemed to alleviate his hesitancy. After he had shown the group the sword, I asked him to stand up and hold it in a fashion that helped him feel grounded.

He stood up and, grasping the sword handle with both hands, held it out directly in front of him, his knees slightly bent. He stood this way for a couple of minutes, and we were amazed as George was slowing transformed. He looked totally unlike the man we had come to know. All of us felt him to be grounded and we felt grounded with him. A quiet, masculine strength emanated from the whole group, and George was on the road to claiming his masculine power.

Concerns

Certain issues continue to arise in men's groups and need to be addressed frequently so they do not become a problem. There are many issues that need to concern the therapist with any therapy group, but I will address only the issues I see specifically arising out of the fact that it is a men's therapy group.

I have found it to be extremely important while working with men's groups to set aside a specific time to talk about group process. We discuss members' feelings about being part of the group, their likes and dislikes about the group dynamics, and their efforts to ask for and give help to one another outside of the group therapy time. (I am a strong advocate of their efforts because I believe that group therapy is a contrived and artificial environment and that a man's therapy work is only effective when he can integrate it into his real life.) The group process helps to flush out men's feelings toward each other, their homophopia, those who are really working on their issues, and those who are avoiding their issues. It also keeps everyone accountable to the group.

A problem that frequently arises, and an obvious carryover from our culture, is that of "every man for himself." It astounds me how quickly a group can fall back into this mode of relating. A discernible split between some group members who are consistently working in group and those who are consistently not working, little connection among members outside of the group, and feedback that seems particularly perfunctory and dispassionate are all signs that members care mostly for themselves. When this is brought up during process time I often hear men say, "Well, if they're not working, that's their crap, not mine. It's not my job to take care of them." This mode of relating greatly reduces the benefits of group therapy and must be confronted and eradicated immediately.

Another common issue that crops up again and again is niceness or rigidity. Niceness prevails if the members seldom challenge or confront one another. I often have to encourage the men in my groups to confront one another whenever appropriate. Most men hate confrontation, giving

it or receiving it, and go to great lengths to avoid another man's anger. Usually, the naive underlying hope of not confronting another group member is, "If I'm not hard on him, he won't be hard on me." Rigidity can often be seen when a group consistently tries to divide up the group time equally. Most men know how to follow rules and know that if everyone follows the rules they can avoid conflict, ambiguity, and asking for what they need. Without confrontation and with rigid rules governing the working of the group, a group quickly becomes boring and stale.

Occasionally, one of my groups goes on a "spouse hunt" or gets into their collective anger at women. This usually happens when one man is reporting the struggles he's having with a woman, and clearly is being taken advantage of or abused in the relationship. The abuse in itself does not cause the angry group reaction; rather, it usually results because the man has spoken too long as a victim and from his pain and is doing nothing to address his anger. The angry group reaction can usually be short-circuited by asking each group member to reflect on his own anger and to own it directly. The other men in the group often are quick to pick up that they are feeling the anger that the man in the abusive relationship needs to deal with and, in a sense, they are being used to act out his anger.

Conclusion

Working with men in group therapy has been one of my most profound and rewarding experiences. Most men do need some individual or couples work to get them prepared for group therapy. Once they arrive in group, however, a whole new journey begins. This journey is often a conscious and deliberate quest to find their masculinity. While on this quest, the group provides a setting in which to deal with many obstacles that come up along the way. Most of these obstacles have to do with each man's facing the grief and consequent pain and anger he has never been able to face. This grief will come when he faces his relationship with his father, who was most likely inattentive or abusive toward him when he was a boy. It will be there when he looks at his loss of innocence too early in life, at the years he has had to hide and deny his naivete, and at the consequences to himself and others stemming from the way he learned to function in the world as a man.

For a man to understand where he is and who he is, he must understand where he has come from. For a man to look back at his life usually takes a lot of personal courage and a lot of encouragement from the words and actions of others. In his book, *The Denial of Death*, Earnest Becker discussed why men so desperately need other men. They can see

". . . in the other person the self-transcending life process that gives to one's self the larger nourishment it needs" (Becker, 1973, p. 157). Men can learn a lot as individuals and from one another, but certain issues can be explored or discovered only in the presence of a healthy male group. It is in belonging to these groups that more and more men will join in the ever-growing quiet revolution of men coming home to themselves.

This chapter outlines the process of facilitating a group for men structured to help them increase their ability to express feelings and deepen the level of intimacy in their relationships.

Chapter 14

HELPING MEN BECOME MORE EMOTIONALLY EXPRESSIVE: A TEN-WEEK PROGRAM

Dwight Moore

This chapter describes the mechanics of conducting a group for men that helps them (a) increase their ability to express their feelings, and (b) expand their relationship skills. The literature concerning men and their relationships clearly indicates that men are not taught to recognize and express emotions—only to deny, and possibly, to fear them (O'Neil, 1982; Goldberg, 1976; David & Brannon, 1976; Nichols, 1975). As men, our own experiences are replete with instances in which we were taught to hold back our feelings, to be strong and stoic, and to respond to crises in a controlled manner.

The benefits of emotional expression are many. Appropriate emotional expressiveness leads to tension reduction (Hokanson, Willers, & Koropsak, 1968) and minimizes the individual's defensive responses during conflict (Games, 1973). Men who increase their level of expressiveness improve their relationships with peers (Fein, 1963), as well as their marital communication (Davidson, Balswick, & Halverson, 1983). Intriguingly, there is evidence that charisma is partially accounted for by emotional expressiveness (Friedman, Prince, Riggio, & Di Matteo, 1980). Traditional male socialization has blocked the achievement of these benefits for many men. Emotional constriction is a common male experience, and there is evidence that physical and emotional health deteriorates with emotional constriction.

Background

The structured group design described in this chapter was developed by the author as part of his dissertation research (Moore, 1984). The purpose of that study was to determine if men could learn, through participation in a multimodal psychological intervention, to be more

emotionally expressive. The statistical as well as clinical results provided strong support of the notion that men can learn to be more emotionally expressive. Readers interested in more detail concerning the outcome of the group are referred to Moore and Haverkamp (1989).

The group takes 10 weeks and meets once a week for 2 hours. The optimal group size is 8 to 10, and an even number of participants is required. The group combines the psychological techniques of empathy skill training, cognitive restructuring, behavioral intervention, self-monitoring, and group support. Readings and homework during the week supplement the group activities and discussions.

Because men are initially afraid to express feelings, it is difficult to get them to participate in such a group. They need to feel that they are getting something practical out of the experience. By advertising the group as "The 90s Relationship: New Skills for Men," group facilitators lead men accurately to believe that they are getting something tangible.

Each 2-week segment of the group focuses on a specific topic area:

Week 1: Introductions
Week 2: Basic relationship skills: listening, attending
Weeks 3&4: Male power, control, and competition
Weeks 5&6: Career and work
Weeks 7&8: Family and home
Weeks 9&10: Intimacy

Each session follows a similar format. It is useful to begin with an "experiential activity" to get the group members tuned to the "here and now" and to move them away from an intellectual encounter with the material. This experiential activity usually lasts 1 hour. The second hour of the group is process-oriented and provides a time to discuss the homework, readings, or any other concerns the group members may have that relate to the weekly topic. This section also provides the opportunity for the group members to practice skills learned in the experiential activity. Readings and homework are assigned and reviewed in each group and are selected to stimulate the men's thinking about the topics. The homework encourages men to identify feelings outside the group and to practice them in that context. What follows is a week-by-week description of the group content and suggestions for the facilitator on anticipating potential roadblocks and hurdles.

Ten Group Sessions

Week 1

Topic: Introductions

Outcomes:

This session results in the following:

- introducing members to one another;
- outlining group norms and rules;
- sharing of individual goals; and
- clarifying specific behaviors to accomplish those goals.

Experiential Activity: The facilitator welcomes the group, and then asks the men to fill out a personal banner with name, favorite food, two ways they express interest in others, and their goal for the group. The men share the first three with the group (this should take approximately 30 minutes).

The facilitator outlines the expectations of the group. The group is topic-centered, geared toward expanding relationship skills, risking own opinions and feelings, and personally sharing issues related to the topics. It is not advisable to emphasize the feelings component early on in the group. This will develop as time goes on.

The men then share their individual goals for the group, and the facilitator encourages them to clarify how they might accomplish their goals. The facilitator then addresses group mechanics: confidentiality, responsibility, taking time, right to pass, and time frames for the group.

Process:

In this first group meeting the facilitator is responsible for establishing group norms. He does so by modeling effective listening skills, focusing equally on content and feelings, and soliciting questions from the group. The group members are likely to feel nervous about how others perceive them, to feel curious about the outcome of the group, and to feel somewhat powerless and therefore uncomfortable. The facilitator should be sure to validate each member's input to encourage sharing.

The facilitator can acknowledge the feelings outlined above directly and indicate that they are appropriate feelings one might experience when beginning a relationship. The members will want to stay "intellectual" in their comments, and this should be accepted. Men tend to approach relationships in a factual manner and also may have a tendency to "show off" what they know. Comments may range from, "I don't have trouble with my relationships with men, but women baffle me" to more challenging comments such as, "What will I learn from this experience?" The facilitator should actively paraphrase both the content and feeling of these comments. For example, "You seem to feel more comfortable with men but feel somewhat confused when it comes to relating to women—is that accurate?" Or, "What do you hope to gain from this experience after the 10 weeks are over?"

Facilitators may want to refer to chapter 3 of *The Handbook of Counseling and Psychotherapy With Men* (Rabinowitz & Cochran, 1987) to prepare for the group. This chapter discusses working with men in groups.

Homework: Collect 10 articles from the newspaper and record in a journal the feelings the articles evoke in you. For example, "I feel _____ because _____." The journal should be kept for the duration of the 10 weeks. Use Table 1 as a "crib" sheet.

Readings:

Readings are assigned at the end of each session for the following week.

Goldberg, H. (1976). *The hazards of being male*. New York: New American Library. Chapter 1: "Feelings, the real male terror."

Nichols, J. (1975). *Men's liberation*. New York: Penguin Books. Chapter 5: "Feeling."

David, D.S., & Brannon, R. (Eds.). (1976). *The forty-nine percent majority*. Reading, MA: Addison-Wesley. "The inexpressive male: A tragedy of American society."

Week 2

Topic: Relationship Skills

Outcomes:

The outcomes of this session include the following:

- the skill of paraphrasing;
- the ability to separate content from feeling;
- the skill of clarifying; and
- the ability to use the levels of Carkoff's empathy scale (for advanced groups).

Experiential Activity: Using Allen Ivey's tapes or some other stimulus material, teach the men to distinguish between thoughts and feelings and to listen actively. The ability to distinguish thoughts and feelings in others and to paraphrase actively is essential to intimate relationships. Use personal examples of group members' work situations or family situations in practicing these skills. Facilitators who have access to videotape filming can tape participants and allow them to see themselves listen and reflect.

Readings are then discussed, allowing time for the men to react to the readings. The facilitator should be sure to model active listening skills and reflect an equal amount of content and feeling.

With approximately 20 minutes left in the first hour, give the following instructions: "At this time I would like you nonverbally to choose

TABLE 1

List of Feelings

Happy	*Sad*		*Angry*	*Scared*	*Confused*
Excited	Devastated	Degraded	Strangled	Fearful	Bewildered
Elated	Hopeless	Deprived	Furious	Panicky	Trapped
Exuberant	Sorrowful	Disturbed	Seething	Afraid	Immobilized
Ecstatic	Depressed	Wasted	Enraged	Shocked	Directionless
Ferritic	Wounded	Abandoned	Hostile	Overwhelmed	Stagnant
Jubilant	Drained	Lost	Vengeful	Intimidated	Flustered
Energized	Defeated	Bad	Incensed	Desperate	Baffled
Enthusiastic	Exhausted	Disenchanted	Abused	Frantic	Constricted
Loved	Helpless	Deflated	Hateful	Terrified	Troubled
Thrilled	Crushed	Apathetic	Humiliated	Vulnerable	Ambivalent
Marvelous	Worthless		Sabotaged	Horrified	Awkward
Justified	Uncared for		Betrayed	Petrified	Puzzled
Resolved	Dejected		Repulsed	Appalled	Disorganized
Valued	Rejected		Rebellious	Full of dread	Foggy
Gratified	Humbled		Pissed off	Tormented	Perplexed
Encouraged	Empty		Outraged	Tense	Hesitant
Optimistic	Miserable		Exploited	Uneasy	Misunderstood
Joyful	Distraught		Throttled	Defensive	Doubtful
Proud	Deserted		Mad	Insecure	Bothered
Cheerful	Grievous		Spiteful	Skeptical	Undecided
Assured	Demoralized		Patronized	Apprehensive	Uncomfortable
Determined	Condemned		Vindictive	Suspicious	Uncertain
Grateful	Terrible		Used	Alarmed	Surprised
Appreciated	Unwanted		Repulsed	Shaken	Unsettled
Confident	Unloved		Ridiculed	Swamped	Unsure
Respected	Mournful		Resentful	Startled	Distracted
Admired	Pitiful		Disgusted	Guarded	
Delighted	Discarded		Smothered	Stunned	
Alive	Disgraced		Frustrated	Awed	
Fulfilled	Disheartened		Stifled	Reluctant	
Tranquil	Despised		Offended	Anxious	
Content	Disappointed		Displeased	Impatient	
Relaxed	Upset		Controlled	Shy	
Glad	Inadequate		Peeved	Nervous	
Good	Dismal		Annoyed	Unsure	
Satisfied	Unappreciated		Agitated	Timid	
Peaceful	Discouraged		Irritated	Concerned	
Hopeful	Ashamed		Exasperated	Perplexed	
Fortunate	Distressed		Harassed	Doubtful	
Pleased	Distant		Anguished		
Flattered	Disillusioned		Deceived		
	Lonely		Aggravated		
	Neglected		Perturbed		
	Isolated		Provoked		
	Alienated		Dominated		
	Regretful		Coerced		
	Islanded		Cheated		
	Resigned		Uptight		
	Drained		Dismayed		
	Slighted		Tolerant		
			Displeased		

a buddy with whom you will develop a one-on-one relationship during the next 8 weeks of this group. I ask that you not talk but through nonverbal means make contact with someone else in the room and agree to develop a relationship." If people ask questions, ask them to complete the exercise first. They will be afraid, the anxiety in the room will escalate, but it is important that they not become intellectual at this point. Obviously, it is important to have an equal number of group members so that everyone can pair up.

When buddies have been chosen, process the experience:

- How do you feel?
- What was it like to choose someone?
- What are your fears about what might happen?
- What are your hopes?

The facilitator can point out that in actual interpersonal situations people initially choose others in this fashion. People usually do not ask someone to engage in a relationship, but rather send and receive subtle, nonverbal signals, and the relationship begins to be tested.

Process:

Men have been taught to "talk and tell" rather than "listen and reflect." Too often women comment that they play the role of an audience to men. The skill of listening actively has not been systematically reinforced in men. In business settings as well as in relationships, miscommunication results in hurt feelings, bad decisions, and inefficient use of talent. The facilitator can anticipate that group members believe they listen better than they actually do. Frequent role plays can illustrate this. The facilitator can model active listening skills before introducing each new skill.

Homework: 1. Call your buddy and talk about whatever you wish.
2. Choose one experience daily and write in a journal your feeling reaction to that experience utilizing your feelings list (Table 1).

Readings:

Stevens, J.O. (1971). *Awareness*. Ogden, UT: Real People Press.
Nichols, J. (1975): "Competition."
Goldberg, H. (1976): "The success trip: A fantasy portrait."

Week 3

Topic: Power, Control, and Competition

Outcomes:

The outcomes are as follows:

- learning the skills of assertiveness, "I" messages, and conflict resolution;
- practicing these skills; and
- transferring these skills to daily life.

Experiential Activity: Teach assertiveness skills, "I messages," and conflict resolution skills. One excellent resource is Robert Bolton's book, *People Skills* (1985). Again utilize group members' experiences at work and at home to illustrate power, control, and competition. Share reactions to readings and to homework. Attend specifically to the assignment of calling buddies and explore successes and difficulties that the men experienced. Reinforce appropriate behavior and explore why a particular pair might not have followed through.

Process:

The feminist revolution of the 1970s has left men in a quandary. No longer expected to be "in charge, decisive, and autonomous," men have had to learn new skills in conflict resolution and in expressing their own needs. Now some men seek egalitarian relationships in which decisions are shared, opinions are valued equally, and needs are expressed forthrightly.

The facilitator may find that men err either on the side of aggressiveness or on the side of passivity. Some men have become "men's rights" activitists and are even more aggressive in proclaiming their points of view whereas others have capitulated and feel unsure about their right to express their own needs. Assertiveness and conflict resolution skills are essential in establishing egalitarian relationships.

The facilitator should use the buddy relationships and the relationships in the group. Theoretical discussions of equity will not have as much impact on the group members as practical applications of these skills in their day-to-day relationships. For example, using a role play in which "John" expresses his disappointment that he and his buddy did not call one another one week will have more impact than an abstract discussion of assertiveness. Actually resolving a group conflict (how many breaks to take each session, one member's dominance of the group) also can be effective.

Homework: Inform the group that a panel of women will be at the group in session 4 to talk about power and control. They will be responding to the following questions:

> What do you want from a relationship?
> What expectations do you have of men in a relationship?

When are you aware of power in your relationships?

Ask the group to think of how they would answer these questions also.

Make another call to your buddy and share a success you had during the week.

Readings:

Nichols, J. (1975). "Dominance."

Bly, R. (1988). *Iron John and the male mode of feeling*. Seattle, WA: Limbus.

Pleck, J.H., & Sawyer, J. (Eds.). (1974). *Men and masculinity*. Englewood Cliffs, NJ: Prentice-Hall. "Why aren't we talking?" and "A visit from Uncle Macho."

Week 4

Topic: Power, Control, and Competition

Outcomes:

The outcome of this session is a demonstration of the ability to listen and process the data received from the panel of women. If the facilitator hears judgments of the womens' statements, he should ask: "And how does her opinion affect you?" Asking the men about their attempts to be equitable in relationships is appropriate. Examining how decisions are made in their lives can be helpful; for example, "Who decides to drive the car when you are together?" or "How are chores around the home divided?" The intent is to explore power, control, and competition and allow the group members to decide for themselves what styles they are comfortable with rather than prescribing a particular style.

Experiential Activity: A panel of women responds to the questions presented in Week 3. Ideally, these women should be selected from all walks of life. Choosing only PhD chemists or homemakers would not be appropriate. Diversity of opinion is desirable. Encourage the women to speak from their own experience. Panel lasts approximately 1 hour.

Process by encouraging the men to ask the women questions and to make their own comments. Keep the conversation focused on personal issues rather than "men and women in general."

The women are asked to leave after the first hour, and the processing should be continued with the men only. Because the topic focus is power and control, include these issues in the process discussion.

Process:

Male socialization focuses on competition, control, and power. From sports to academic preparation, young boys are inundated with messages to win, control, and take power. O'Neil's (1981) and Easteau's (1975)

writings will provide a background for the facilitator regarding these issues. The men in the group are likely to compete for who is the "most gentle" or who is the best listener. Some men may try and control the group process and exert power in inappropriate ways. This is to be expected and accepted. The facilitator can help men examine how this happens in group settings and explore their need to do so.

The panel of women offers the opportunity for men to listen to women's experience about men's tendency to control. The point here is to gather data, not to challenge or refute the experience of the women on the panel. Women's experiences differ from men's, and those differences should be accepted, not judged.

Homework: Chart time usage. The topic for weeks 5 and 6 is Career and Work. Using the chart in Table 2, ask the men to chart how they *actually* use their time during the week.

Buddies call one another and share a positive and negative experience that occurred that week at work.

Readings:

O'Neil, J.M. (1981). Male sex role conflict, sexism, and masculinity: Psychological implications for men, women, and the counseling psychologist. *Counseling Psychologist, 9*, 61–80.

Fasteau, M. (1975). *The male machine*. New York: Dell. "Work."

Week 5

Topic: Career and Work

Outcomes:

Examining of the role work plays in men's life and exploring alternatives.

Experiential Activity: View the movie *Men's Lives* (or whatever media you have available that address working).

If such media are not available, ask the men to complete the following sentences:

1. Success to me means . . . .
2. At work I feel like a failure when . . . .
3. I am most skilled at. . . .

Review reactions to the experience, to the readings, and to the homework.

Process:

Facilitating a discussion about work is easy with men. Remember, they tend to believe that work constitutes their identity. Therefore, when they talk of work they are talking about themselves, their basic values

TABLE 2

Use of Time in Hours per Week

		2	4	6	8	10
Wednesday	Work					
	Sleep					
	Relationships					
	Recreation					
	Existential					
	Maintenance					
Thursday	Work					
	Sleep					
	Relationships					
	Recreation					
	Existential					
	Maintenance					
Friday	Work					
	Sleep					
	Relationships					
	Recreation					
	Existential					
	Maintenance					
Saturday	Work					
	Sleep					
	Relationships					
	Recreation					
	Existential					
	Maintenance					
Sunday	Work					
	Sleep					
	Relationships					
	Recreation					
	Existential					
	Maintenance					
Monday	Work					
	Sleep					
	Relationships					
	Recreation					
	Existential					
	Maintenance					
Tuesday	Work					
	Sleep					
	Relationships					
	Recreation					
	Existential					
	Maintenance					

Notes/Thoughts

Totals

Work	
Sleep	
Relationships	
Recreation	
Existential	
Maintenance	

and beliefs. The time usage exercise from their homework allows them realistically to evaluate how they are using their time. If they discover, for example, that they spend 55 hours working, 10 hours on relationships, and only 3 hours in recreation and existential activity, ask about their reactions to these findings.

It is common for work to dominate the facets of a man's life, leaving little room for spiritual, recreational, or relationship "tasks." It is true that work contains relationships and some recreation, but not the type and quality that is most beneficial. Again, it is important for the facilitator to be nonjudgmental in this exploration, allowing the group members to come to their own conclusions.

Homework: Pass out a golf counter to each group member. These can be purchased at any golf store for less than $2. Inform the group that during this week they will be counting their feelings. They should carry their counters with them at all times, and anytime they are aware of having a feeling, they should click their counter once. Develop a chart to record daily feelings.

Call buddy and discuss how counting is going.

The facilitator should be aware that the point of this exercise is to get the men to pay specific attention to their feelings at the moment they occur. If they have to count them, they will develop a heightened awareness of their emotional expressiveness.

Readings:

Pleck, J.H., & Sawyer, J. (1974). "Executives as human beings."
McCoy, V.R., Ryan, C., & Lichtenberg, J.W. (1978). *The adult life cycle*. Lawrence, KS: University of Kansas. "Mid-life options."
Skovholt, T.M. Chapter Ten this volume.

Week 6

Topic: Career and Work

Outcomes:

The outcomes are:

- learning a specific method of giving feedback,
- expanding listening skills,
- practicing with a real life situation, and
- transferring these skills to life outside the group.

Experiential Activity: Teach giving feedback and listening skills (Part II). This exercise expands on what was taught in the second session. You, as facilitator, now have a clearer sense of the skills and abilities of the group in this area and can work on refining these. Your rationale

is that listening skills are a fundamental component in relationships. Discuss homework and readings — how did it feel to chart feelings? What did the men discover about their patterns — more feelings in the morning? At work? With their families friends?

Process:

Learning to give feedback is a difficult process. Men may tend to be dogmatic or passive. In either case, the skill requires that men understand their own feelings (hence the homework on charting feelings) and their own needs.

The facilitator can ask the group to choose a topic (such as feedback to one's boss about an unreasonable request, to one's partner about sexual issues, to one's children about their behavior, to one's buddy) that will be used as the content for skill acquisition. The facilitator will model the behavior desired and then the group members can practice the skills.

It should not automatically be supposed that the receiver of feedback will always accept the information. For example, explaining to one's boss that his or her last-minute requests are difficult to fulfill may not result in a stop to those requests. Feedback is respectful to both the giver and the receiver. That is, it validates the needs and feelings of the giver while respecting the right of the receiver to change his or her behavior if the receiver so chooses. Feedback should be timely, specific, and aimed at behaviors, not traits, and should include a suggestion for change.

An example of feedback to one's buddy might be: "I notice that when we talk, I spend most of the time listening. For example, last week when we met, I wanted to talk about a deadline at work that I resent, but we focused on your fight with your boss. I am willing to be more direct in asking for time, but what I would ask from you is to help me by asking directly if there are issues I need to discuss."

Men may perceive that this sort of request is "weak or wimpy." On the contrary, it is an example of a powerful process of taking charge of one's own feelings and expressing them. A man does not control the behavior of the other in this process, but rather he respects himself enough to ask for what he needs and also gives his buddy information about *his* behavior.

Homework: Pass out the interview form "Interview With Fathers" (Table 3). Explain that traditions are passed from generation to generation and that it is important to understand the "masculine" traditions in one's own family of origin. Individuals are asked to interview their fathers using the form as a guideline. Facilitators can expect a great deal of anxiety when this assignment is introduced. It may be the first time a number of the men will have had face-to-face, personal conversations with their fathers. Explore that anxiety and fear (note: leave at least ½ hour to ¾ hour for this).

TABLE 3

Interview With Fathers

1. How would you describe my way of dealing with emotions when I was a kid? e.g., surprise, joy, anticipation, anger, fear, disgust, love?
2. How would you describe how I deal with these now?
3. Who am I most like in the family re: emotional expression? Why?
4. How did other people in the family express feelings to one another?
5. How would you describe your own style of expressing feelings?
6. How did your parents handle their emotions? (Use list above).
7. How would you describe AB, BC, DC's way of relating to one another emotionally in our family?
8. What kept people from expressing emotion in your family? In our immediate family?
9. If you could change any of this what would you change?
10. (Any other question you would like to ask your father . . .)

Men whose fathers are deceased should choose an uncle, grandfather, older brother, or some other father-like figure for the interview. Choice of a woman is not recommended.

State that Weeks 7 and 8 will be devoted to fathers and parenting. Obtain a commitment from half of the group to be prepared to share what happened during their interview next week. This will guarantee that you have an agenda and it will help the men push through their fears.

Very important to stay in touch with buddies this week.

Readings:

David, D.S., & Brannon, R. (1976). "No sissy stuff . . . men as parents."

Berger, M., & Wright, F. (1978). Divided allegiance: Men, work, and family life. *The Counseling Psychologist 7*, 50–52.

Week 7

Topic: Family and Home

Outcomes:

Sharing the results of interviews with fathers. The most important dynamic in Weeks 7 and 8 is to embrace the perception of each man.

Experiential Activity: Divide up the 4 hours of Weeks 7 and 8 into equal sections for sharing results of the interviews with fathers. For example, if there are 8 men in the group, then each should be allocated

½ hour to share. Share results of the interview, paying attention to feelings.

Facilitator, by this point in the group your role is mostly to observe during these times of processing. Encourage the group members to respond to the speaker.

Process:

Your role as facilitator is crucial in these two sessions. Your do not have the time to do family therapy nor do you wish to solve age-old "scripts" for the group members. Your role is to encourage the group to provide a safe environment for the men to share their stories about their fathers. It is best to avoid giving advice about what one "should do next." Communicate trust that the men will find a way through the emotions they feel. This is a process experience, not a content experience.

Individual members will share the loss and pain of absent fathers, of inexpressive fathers, and of abusive fathers. They will share the joy of times spent together, of their fears that they will not be able to parent as well as their fathers did, or their fears that they will parent as their fathers did. They may grieve over the emotions that were not shared. They may rage about their losses. All are legitimate feelings. Again, the primary outcome of these sessions is to embrace the perception of each man. Discounting, minimizing, or getting too "action oriented" ("what you should do, Jim, is . . .") is not appropriate.

Homework: Group members who have not shared about their fathers should prepare to do so in Week 8. Be sure to remind buddies to stay in touch.

Readings:

Sheehy, G. (1977, March). The crisis couples face at forty. *Reader's Digest*, pp. 73–76.

Farrell, W. (1975). *The liberated man*. New York: Bantam Books. "The Family: Redefining motherhood and fatherhood."

Closing: This week (or earlier if the facilitator believes the group is ready), ask the men to hold hands in a circle and share one thing they liked or appreciated about the group. The feedback should be personal and specific. The facilitator may want to model an example at first ("I appreciated Mike's willingness to share about his early family history . . . that took courage").

Week 8

Topic: Family and Home

Outcomes:

Same as for Week 7.

Experiential Activity: Continue with discussions about fathers. Process this thoroughly as suggested earlier with attention to the traditions that are carried on through the generations.

Homework: Call buddy, arrange a time to get together during the week for lunch, a walk, or to shoot pool.

Readings:

O'Neil, J.M. (1982). Gender and sex role conflict and strain in men's lives: Implications for psychiatrists, psychologists, and other human service providers. In K. Solomon & N. Levy (Eds.), *Men in transition: Theory and therapy* (pp. 5–44). New York: Plenum Press. Read pages 19–20.

Eastean, M.F. (1975). "Friendships among men," and "Marriage and other intimate arrangements."

Goldberg, H. (1976). "The lost art of buddyship."

Caramella's and Levant's chapters in this volume (chapters 6 and 7, respectively).

Closing: Note to facilitator: The degree of intimacy between buddies and among group members is likely to be rising. Acknowledge and validate this for the group.

Week 9

Topic: Intimacy

Outcomes:

To provide an experience of nonsexual touching and the opportunity to talk through the feelings this may evoke.

Experiential Activity: From Stevens, J.O. (1971). *Awareness*. Ogden, UT: Real People Press, conduct the "Trust Circle" (pp. 265–266) or the "Hand Conversation" (pp. 240–242) with buddies.

Process:

The men will have an opportunity to touch and to discuss intimacy. The buddy system has modeled how an intimate relationship develops from initial nonthreatening sharing about work to more personal sharing and later on in the relationship to physical touch. The facilitator is encouraged to use examples from the buddy relationships in this discussion.

Facilitators are encouraged to read chapter 5 by Philip Colgan in this book on male sexuality. Men confuse sexuality with touch. While

growing up, young boys are rarely touched in nonsexual ways. Intimacy and touch are also confused. Touch is usually associated with a progression of events toward intercourse. Learning the appropriate use of touch is essential.

The "Hand Conversation" is the better of these two exercises. After the exercise ask the following questions in the debriefing:

- What were your initial feelings before you began this exercise?
- Which emotion was the most difficult to express and why?
- What were the easiest emotions to express and why?
- In what ways are you touched in your daily relationships?

Homework: During the last session men will be giving feedback to one another. They will be asked to share their resentments and appreciations with one another. Therefore, they are asked to review any materials on feedback and to prepare notes, if they choose.

Readings:

None

Week 10

Topic: Intimacy

Outcomes:

This is the time to say goodbye. Resentments and appreciations of one another and the group process are shared.

Experiential Activity: Share resentments and appreciations. We suggest resentments be shared first and that the facilitator model the process. Open chair feedback process is appropriate. That is, each individual takes a turn in the "open chair," receiving resentments from the group. Something specific should be said about each participant by the facilitator, although group members may pass if they have nothing to say. We suggest that participants not respond while receiving feedback. After all members have received resentments, go on to share appreciations. This process usually takes longer than the 2 hours allocated for the group.

Process:

This session is the culmination of the group. It utilizes all the skills learned and taps all the experiences the men have had with each other over the 10-week period. Other than modeling the process initially, the facilitator can behave as a group member during this session, although we do encourage the facilitator to have prepared a specific resentment and appreciation for each group member. Neglecting either for any group member will be noticed.

This is an opportunity for the men to be open, gentle, and compassionate. A sample resentment may be: "John, I initially resented the resistance you gave to the father interview. I found your behavior to be rigid, which seemed unlike your previous contributions. I believed that you felt particularly fearful given what we learned about your father's abusive behavior. It would have been helpful for me if you had said something like: 'I feel afraid of what might happen to me if I approach my father on this issue and am aware of strong resistance to this homework assignment.'"

Facilitator, you may observe that men in the "open chair" want to respond to the resentments or appreciations. We suggest that you clearly establish the ground rules, with the group's input, before you begin the experience.

Finally, some members may request to continue this group on their own after the 10th week. In all of the previous groups conducted by the author, such a desire was expressed. My suggestion is that you advise that they establish a time to meet and that those interested should attend. Some members may not wish to continue and this should be respected. It would be helpful for the facilitator to attend the first meeting to help establish the ground rules of the group such as focus, times to meet, frequency of meetings, and so on.

Closing: Facilitator summarizes the process and the group join hands to say goodbye.

Conclusion

This chapter outlines the process and content of facilitating a group for men structured to help them increase their ability to express feelings and deepen the level of intimacy in their relationships. Facilitators who conduct these groups ought to be trained in group process and be experienced in group work. The group combines content and process and it does ask participants to contribute personal information. It is not a therapy group, however, nor should it be treated as such.

Facilitators are reminded to gather feedback from the group members periodically so that needs of individual members can be met. Occassional reference to members' original goals is appropriate and provides content to the facilitator in giving feedback to participants in the final session.

It is crucial that a thorough intake be conducted to determine the appropriateness of fit between the group goals and an individual's goals. This is a skill-building group in which friendships may develop. Individuals seeking therapy, family-of-origin work, chemical dependency

treatment, or other specific interventions are not appropriate for this group.

We suggest that a sliding scale of payment be established for fees. This will encourage the possibility of an economic cross section in the group.

Finally, the impact of the facilitator on the group cannot be underestimated. If his tone, attitude, and demeanor communicate respect for men and women, enthusiasm for change, acceptance of individual differences, an openness to suggestions, and a curiousity about the world, then the group has a strong likelihood of success. It is recommended that the facilitator read from the following bibliography before conducting this group to heighten his own awareness of the topics to be addressed.

Counseling Psychologist. (1978). Special Issue of Counseling Men, *7*(4).

Moore, D., & Haverkamp, B.E. (1989). Measured increases in male emotional expressiveness following a structured group intervention. *Journal of Counseling and Development, 67*(9), 513–517.

Pleck, J.H. (1981). *The myth of masculinity*. Cambridge, MA: MIT Press.

Scher, M., Stevens, M., Good, G., & Eichenfield, G.A. *Handbook of counseling and psychotherapy with men*. (1987). New York: Sage.

Solomon, K., & Levy, N.B. (Eds.). (1982). *Men in transition, theory and therapy*. New York: Plenum Press.

The facilitator also should read all the readings that serve as homework for each session.

This chapter examines the clinical issues central to understanding and treating men who batter.

Chapter 15
TREATING MEN WHO BATTER: A GROUP APPROACH

Roger Gruszinski and Gunnar Bankovics

In this chapter, we will provide an overview of treatment issues in the therapy for men who batter their female partners. The chapter is not intended to be a step-by-step process of a treatment program. Several detailed descriptions of group treatment do provide this type of information (Bankovics, 1984; Edleson, 1984; Ganley & Harris, 1978; Reilly & Gruszinski, 1984). Rather, we will focus on a number of clinical issues that we see as central to group treatment programs for men who batter.

Background

Battering is the physical force, threats, and intimidation that men use to control and dominate women. Physical violence includes all forceful physical contact such as physically restraining, pushing, slapping, punching, choking, stabbing, raping, and murder. Intimidation includes physical gestures, destruction of property, yelling, name-calling, reckless driving, threats of physical violence, and threatening any of the following: to restrict finances, to kidnap children, to harm other family members, and to commit suicide. Psychological abuse includes depersonalization, social isolation, deprecation, and a general undermining of self-esteem. Most types of battering include all of these forms of abuse.

Historically, there has been little or no cultural or legal sanction against men's abuse and domination of women (Bauer & Rist, 1983; Davidson, 1977; Jaffe, Wolfe, Telford, & Austin, 1986). Although our society is beginning to recognize and respond to the issue of male to female violence, it still remains a pervasive and central problem that is not yet resolved in the lives of most men. The recognition of battering as an issue was brought forth largely by the women's movement. The changes that need to occur, however, can only be accomplished if men begin to view it as their problem and their issue. Intervention must occur on a number of levels. Social, cultural, and legal systems all must change

to make a significant impact on the safety of women (Labell, 1979; Roy, 1982; Straus, 1976).

The causes of battering are a synthesis of individual learning, cultural norms, and family experiences. Violent behavior seems to be learned. Numerous studies (Carlson, 1984; Gelles, 1980; Herman, 1986; Rosenbaum & O'Leary, 1981) show that a significant percentage of men who batter have either witnessed violence between their parents or been victims of their parents' violence. Many of these men see violence as a normal and acceptable part of family life and repeat this behavior when they have their own families. These early learning experiences, combined with cultural education and restricted male role expectations, lead many men to act violently toward those they love. Conversely, women's roles lead them to accept the abuse perpetrated by a male-dominated culture.

Men in our society are taught that they need to be strong, stoic, powerful, and in control at all costs. As a result they do not develop the qualities traditionally thought of as feminine that would allow them to express feelings and resolve conflict. Consequently, they perpetuate the intergenerational use of violence in families by modeling these roles for their children.

Our research and work with this issue has demonstrated to us and to the men we have worked with that there are alternatives to battering and that serious limitations are associated with traditional male cultural norms. For men to make changes in this area is a difficult task, and awareness is only the first step. Men who batter often engage in violence for years before they experience any consequences as a result of their behavior. Most men seek help only after their partner has left them, has threatened to leave them, or has been seriously injured. At this point, the batterer often feels overwhelming remorse and shame. Some men seek help when society, through the criminal justice system or family courts, forces them to acknowledge that their behavior is unlawful or inappropriate. This awareness is usually limited and can be seen only as a first (but crucial) step in changing this destructive pattern.

Intervention

The timing in intervention is critical; the effects of consequences are often temporary and diminish quickly. Intervention and support need to occur at the time of the perceived crisis and continue to facilitate an ongoing awareness of the problem. Legal sanctions, therapeutic support, education, and cultural change need to occur to facilitate a process of change.

In any type of intervention with batterers, the first consideration must be the protection of those that the individual may scar physically and emotionally. In assisting men to stop their violence, we have found a number of proven intervention techniques to be effective. The most effective way to help men stop battering is to instruct them to physically leave the scene when they experience an escalation of aggression. Though it sounds like a simple process, it is not. The process is composed of a number of individual steps. The first step is for the man to make a commitment to choose to be nonviolent. Once the commitment is made, we can help him make that choice. The motivation for his choice makes little difference at this level. Whether a man is trying to avoid negative consequences or has become intrinsically motivated to cease his violence does not matter. The batterer can learn new behaviors to replace violent behaviors if he wants to.

Most men are unaware of their own levels of tension and stress. So we begin by helping educate them regarding the internal and external cues that have played a role in escalating that tension and stress and the subsequent violence. As men gain experience in this area, they begin to realize that the cues generally follow a logical progression. They begin to understand when they need to exit in order to avoid a violent incident. Men are asked to develop an awareness of cues on four different levels: physical, situational, self-statements, and emotional.

In identifying the physical cues, a man is asked to think about an incident in which he has been violent and record what he experienced as well as did physically. Common physical cues are pacing, clenching of fists, tightness in the neck, raising of the voice, pointing a finger, face turning red, and so forth.

To determine situational cues, we ask men to consider the kind of situations in which they feel an escalation of aggression. These situational cues are commonly arguments about money, discipline of the children, sex, household duties, and the use of alcohol and drugs. It is also common for many men to act violently repeatedly in the same place in the house such as the kitchen or the bedroom. Additional situations may commonly occur while in the car, on vacations, and during shopping trips.

With self-statements or ruminations, many men find themselves making or rehearsing internal thoughts or phrases prior to an act of violence such as "If she says one more word about money . . ." or "If she brings up what my sister said again . . ." This results in men's ultimately trapping themselves in negative thoughts and rehearsals in preparing to strike out.

Feeling, or emotional, cues to escalation are probably the most difficult for the men to identify. When asked how they felt prior to a violent

incident, the feeling the men most commonly report is anger. Most of the men use anger to cover up other kinds of emotions that would leave them more vulnerable. It is important to help them identify the fear, hurt, and shame that they are masking.

As the men become skilled in identifying their cues, they can begin (with assistance) to develop an understanding of the point at which they can choose to exit the situation rather than risk becoming violent. In early stages of the treatment process the men are instructed to leave the situation when they become aware that their level of tension or aggression is escalating. How they leave and what they do when they exit, however, is a critical step in stopping the violence. We instruct the men to inform their partners about their intention to leave the situation as part of the therapeutic process.

Even with new awareness and skills, the men often need to deal with their own or their partners' attitudes about "leaving" an argument. They often equate leaving with losing or being cowardly and small. Partners often equate men leaving with avoidance or abandonment. What men do when they leave is as important as leaving. We instruct them to do two things—to stop ruminating on the conflict preceding the exit and to focus on relaxing and relieving their tension. We instruct them not to return until the cues have diminished or the tensions that resulted in their decision to leave have subsided. If upon their return they find that tensions are still present, they can leave again and again. If they must leave repeatedly over short periods of time, we encourage them to separate from the location until they can gain adequate control.

Considering the fact that when men leave their level of aggression is often escalated, we recommend that they do not drive or use alcohol or other drugs. We suggest that they go for a walk or find a simple task to concentrate on rather than continue dwelling on the incident.

Once a man has regained control and successfully reduced tension, we instruct him to return and discuss the situation calmly rather than ignoring the issue. "Time outs" used correctly are extremely powerful to accomplish long-term change. Although time outs will reduce the immediate threat, they will not accomplish the long-term goal of remaining violence free.

Any therapeutic program to assist men in changing their violence needs to include components for teaching the men to be assertive, release stress, decrease isolation, identify and express feelings, accept responsibility for their violence, explore remorse and shame, recognize self-talk and negative self-statements, and examine restricted male roles, family of origin (learned behavior), attitudes toward women, and sex role stereotypes.

Group Work

The acquisition of nonviolent responses to conflict is most effectively learned in a group setting. A group environment can also create a milieu in which deviation from traditional male roles can be reinforced and seen as acceptable. Groups tend to reduce the isolation and shame most of the men carry with them about their past and current violent behaviors. Though most of the men have some idea about how pervasive this problem is, they have nevertheless learned to be secretive about their violent actions.

The isolation the men experience needs specific attention in the group process. In the initial group meeting, we ask the men to disclose to the group why they are there, provide a brief history of their violence, and state their goals for participating in the group. This is generally a tense and frightening time for most participants. Additionally, we ask the men to select one other person from the group that they will communicate with on at least a one-time-per-week basis outside of the group. Though this task may seem simple, we find most of the men are resistant to developing relationships that stray from traditional male norms. We suggest to the men that the nature of their conversations include other than superficial reporting of day-to-day routine; for instance, they may discuss feelings, disappointments, or how they are integrating into their lives what they are learning about controlling their violence. Groups are also important in creating a microcosm in which the expression of aggression is neither tolerated nor reinforced regardless of the circumstances. At the beginning of every group meeting, the men are asked to report if any violence has taken place since the previous meeting. If violence has taken place it is critical to instruct the men to differentiate between the stress leading to the violence and their choice to act violently. It is important to point out that the stress does not cause the violence. Violence is only one of many possible reactions to a stressful situation. The men need to recognize that they are in full control of their behavior and that their choice to be violent is a willful one.

Many men will profess that when they are violent they have simply "lost control"; however, ample evidence suggests that they are always in full control. Generally, in any violent action, the man makes a number of choices. He chooses whether to hit with an open hand or a closed fist. He chooses the duration of the assault. He chooses to assault privately rather than publicly. He chooses to assault his female partner rather than his friends or coworkers. He chooses to interrupt the assault if there is police intervention or the presence of children. He chooses to reinitiate the assault once the intervening forces are gone. All of these

factors suggest that he is in complete control. He needs to be fully aware that he is responsible for his behavior. If he is allowed to remain with the idea that the stress his partner causes results in the violence, he will forever be a victim of powerlessness and of the belief that he is unable to control his actions.

In working with the men it is important to understand that violence has clear and immediate rewards. One of these is the release of physical and emotional stress. Most episodes of violence are followed by a feeling of physical and emotional calm as in any cathartic release. If in working with the men we adapt a frustration aggression hypothesis, we do them a great disservice. If men believe the only way they can reduce their stress is to act aggressively, they will continue to do so. There are many responses to frustration and stress. For example, people who experience stress may drink, use drugs, cry, develop somatic symptoms, express their feelings verbally, repress their feelings, eat, sleep, problem-solve, or react in other ways. Violence is only one response.

In teaching the men to deal with their stress, we begin by helping them learn new ways to reduce physical stress. We ask each man to select and participate in a regular exercise program. The nature of the exercise program SHOULD NOT include aggressive forms of stress release. That is to say there should be no exercises in which an aggressive behavior is paired with feelings of relaxation, such as punching a bag, contact sports, or chopping wood while fantasizing about one's partner. The appropriate exercise program should include moderate physical exertion followed by a focus on reducing tension in the major muscle groups through deep and relaxing breathing. Regular exercise programs should effectively provide an outlet for the physical release of frustration and tension.

Eliminating physical tension is often easier than eliminating emotional stress. Learning to reduce emotional tension and developing problem-solving skills requires a greater amount of time and attention. Perhaps the most difficult task for the men is learning to recognize and express feelings other than anger. Anger is a safe emotion for men. It is accepted within the confines of male sex roles. It is external in nature—it does not require the men to expose themselves and become vulnerable. In the groups, when men are asked how they felt about a certain circumstance, their most common response is, "I was angry."

Many of the men do not possess a repertoire or vocabulary of words that describe other feeling states, particularly such feelings as fear, hurt, sadness, and inadequacy. Most of the men believe that "real men" don't experience those feelings. As part of the group process we distribute a list of feeling words that describe various feelings at different levels of intensity. It is not uncommon for the men to refer to this list when they are asked how they are feeling. It takes constant practice and reinforcement for them to become comfortable with exploring and expressing a

range of feelings, particularly those they view as feminine. For most of the men, anger is a secondary feeling. Although anger serves the purpose of masking feelings that would leave the men vulnerable, it produces the consequence of leaving them distant from themselves and afraid of their internal emotions. The more they depend on anger as a defense, the more frightened they become internally, and the more controlling and abusive they become behaviorally.

The recognition and expression of feelings has to be accomplished in an assertive and clear manner. Contrary to many beliefs about men who batter, the men are not generally seen as aggressive persons. For the most part, the men fluctuate between long periods of passivity and occasional violent outbursts. Based on personality characteristics, these men cannot be distinguished from society at large. Most of the men have little idea of how to go about expressing their wants and needs. They generally possess very negative ideas about the emotion of anger. Rather than expressing any perceived displeasure or discomfort, they will ruminate on the feelings and express them as rage or violence. They need to be instructed not only how to identify their feelings but also how to express them in a timely and effective manner. This is accomplished first by instructing the men in assertiveness techniques, and, second, by conducting role plays of past and present conflicts. It is important that the use of assertiveness techniques focus not only on the men's relationship with their partner, but also on their daily interaction with people at work, family members, and other significant persons. The stress needs to be responded to where it exists. If it is not, the men may attempt to respond to their accumulated stress of their diachronic existence by directing all their negative feelings only toward their partners. This, in fact, often occurs with men who batter.

Control

Akin to learning how to recognize, express, and resolve these feelings through assertiveness techniques is the issue of assisting the men in examining their need to control and dominate their female partners. Violent incidents always surround the issue of control. Men's violence can be seen as an attempt to stop their partners from doing something or to get them to do something.

Though the need for power and control are often seeded in feelings of powerlessness and inadequacy, they are most often detected in attempts to stifle those feelings by controlling others. For instance, feelings of sexual inadequacies might give way to unfounded suspicions and jealousies about a partner. This need for control creates a vicious

cycle. The more the man attempts to control his partner, the more powerlessness and inadequacy he will experience. This can go to the extreme of calling his partner several times per day at work, monitoring her movements, accusing her of infidelity with coworkers, and serious attempts to keep her in complete social isolation.

One of the things that makes the control issue so difficult to confront is living in a society of men that has historically dominated and controlled women. Change in this area can occur only when the man begins to relinquish control and accept that fact that his feelings and inadequacies are his own. Even in the circumstances when these feelings are engendered by his female partner, the man must look at his own emotional response and find ways to resolve these issues. We attempt to instill within him the idea that the only person he is in control is himself. When he realizes this, he is empowered.

When the men learn to take control of themselves, as opposed to exercising control over their partners, they have taken the step of accepting responsibility for themselves. Accepting this responsibility, and acknowledging the violent behavior, is perhaps the most crucial step. When a man is able to discuss and describe his violent actions without blaming his partner, he is well on the road to using nonviolent responses. Therapeutically, this is a difficult task. By blaming his partner or circumstances for his violent actions, a man could shield himself from the intense feelings of shame and remorse for hurting someone he loves. At some point in the group process, the men are asked to record and present the most violent incident they ever perpetrated toward their partner. They are asked to present this in full and complete detail. A man's ability to do this is often a measure of how successful he will be in choosing nonviolence in his relationships. For many men, it is also the first time they have allowed others into the personal suffering and shame that they have experienced for what they have done. The emotional catharsis that occurs in this process is moving for group members and facilitators alike. It can serve to separate those men who are willing to take the risk to commit themselves to nonviolence from those who will continue to attribute the responsibility of their violent behavior to others.

The core of most deviant behavior is shame. There are two principles involved in working through behaviors that result in shameful feelings. The first is to stop the shame-producing behavior (which we have addressed: stop the violence that is the shame-producing behavior for men who batter). The second is to openly express the shame and remorse about the violent behavior. The damage inflicted upon the men's self-esteem from acting in a manner that causes them self-reproach will serve as the catalyst for future violent incidents. This is to say that the feelings of shame must be expressed or they will be acted out pre-

lently. Many men respond to their shame by keeping it isolated and secret from others. They cover it with a veneer of empty promises to be better and to cease their violence. The internal feelings of shame, however, do not have an avenue for relief and consequently create their own distress, eventually resulting in escalation and aggression. Many of the men have lost their ability to cry and grieve. Creating every opportunity for them to do that in the group is essential.

Families

A number of the issues we have discussed have their roots in the families in which the men grew up. On the face of it, most of these men will describe the homes they grew up in as normal and nonviolent. They will deny having witnessed violence between their parents and having been the recipients of their parents' violence. When asked if they were victims of violence in their own home, they will commonly say "no". However, in exploring the issue, we find that many of the men were indeed abused. To protect themselves from those earlier experiences, they tend to "normalize" them. They describe physical abuse between their parents as arguments. They describe assaults upon themselves by their parents as discipline. Men have described being hit over the head with boards, whipped with belts, punched in the face, and burned as discipline. With that definition of discipline and arguments as normative, they tend to view their own behavior also as normative rather than abusive. Early experiences of abuse also engender long-term feelings of powerlessness and the consequential need to control. There is ample support for the intergenerational existence of such familial patterns (Finch & Papantonio, 1983; Straus, Gelles, & Steinmetz, 1998; Ulbrich & Huber, 1981).

In some instances the men have not witnessed or been subjected to abuse in their own home. They have, however, been subjected to the restricted roles men in our society experience and adhere to. When they were children and were pushed down on the playground, it was their role to come up with a handful of gravel rather than tears. Men are taught that they must be successful; consequently they have to deny feelings of inadequacy and failure. They are taught they must be strong; consequently they must deny feelings of uncertainty and ambivalence. All this results in men being pushed further away from themselves and toward an unattainable and unhealthy male stereotype. The androgenous man who can accept not only the traditionally masculine aspects of his personality but also the feminine aspects will be a healthier and happier individual.

In the group process, we refer to the deviation from traditional male roles as "breaking the rules." We heartily encourage and reinforce the men's exploration of and encounters with those new roles. Helping the men "break the rules" also serves to enlarge their support systems. Abusive men are generally extremely dependent on their female partner for recognition, reinforcement, nurturing, and validation. The nature of this dependence often reinforces the men's need to control the person who is the sole source of their emotional support. The relationship between the men and their partners, in many cases, resembles the relationship between a boy and his mother. They commonly view her as the only person who is capable of meeting their emotional needs. And not unlike a child, they expect that she will not only meet these emotional needs but recognize and respond to them as mothers often do with their children. Recognizing and breaking this dependence and learning to fulfill their needs through other people greatly reduces the stress and tension inherent in many of these relationships. Behavior and attitudes must be changed, traditional male roles must be rejected, and men's need to have power and control over women must be challenged in order to enable men to have healthy and satisfying relationships with their female partners. Any therapeutic process needs to consider and integrate all of these factors. If a man is able to stop his violent behavior yet continues to use controlling and dominating behavior in his relationship, the situation may be less dangerous physically for the victim but will be no healthier for the man. The desire and will to be nonviolent will rarely eliminate violent behavior. Even if will alone can result in a man not acting aggressively, if he has not learned to recognize and express feelings to gain support from a community of other men he will remain isolated, lonely, stressed, and at risk for violence.

Regardless of any individual man's success in remaining nonviolent and becoming more androgenous, a complete resolution of this issue cannot be accomplished without men's attempts to change the larger system that enslaves them. Personal changes are not enough. Men need to start confronting themselves and other men about how to change a system in society that has created a historic imbalance of power between men and women.

If men continue to depend exclusively on women for nurturing and recognition, they will also continue to need to exercise control and power over them. Women cannot change this. It is impossible for a healthy, intimate relationship to exist where a power imbalance exists also. For men, the escape from this rests in relinquishing the control over women that they attempt to maintain and empowering themselves with new skills, new beliefs, and new attitudes.

Conclusion

We hope that the information provided in this chapter will raise awareness about the treatment of men who batter. This treatment, if at all possible, should occur in group settings. If group treatment is unfeasible, these principles can be applied to working with men individually, although they will then not be as effective. Couples therapy is contraindicated with this population and may, in fact, be dangerous. The couple may be seen together only after the man has taken full responsibility for his violence and the woman feels safe and refuses to take responsibility for the man's violence.

Providing counseling for men who batter is difficult work. It often involves life-and-death issues. Only fully qualified professionals should provide services to men who batter. Timing is crucial. Men need to be taught behavior-control skills before they are taught to express feelings that may include rage from early life abuse. Professionals need to be aware of men's resistance to give up their attempts to control women. For all of these reasons, it is important for professionals to develop and maintain a network of associates in order to counteract the emotionally draining effects of carrying out this work.

This chapter identifies means of assessing men who may be at risk of suicide and offers suggestions for counselors in responding to these men.

Chapter 16
COUNSELING SUICIDAL MEN

Dennis E. Ebenreuth

Historically, suicide has proven difficult to understand and even more difficult to predict. Throughout history, philosophers and others have taken various positions of understanding and tolerance regarding suicide. A brief perspective of the diverse positions is provided by Backer, Hannon, and Russell (1982) in their excellent summary of different philosophical positions taken on suicide through the centuries. The ancient Greek philosophers were generally opposed to the act, although for different reasons. For example, Pythagoras and Plato were opposed to suicide because they felt it was God's decision when to release the soul; however, Aristotle thought suicide was a "cowardly act contrary to the right rule of life" (Backer et al., p. 209).

By the 18th century, Voltaire, Montesquieu, Rousseau, and Hume took positions supportive of the individual's right to choose, whereas Kant believed suicide was a vice. Nineteenth-century philosophers Schopenhauer and Nietzsche agreed on the right of individuals to decide about suicide. However, they disagreed on the wisdom of the act. Durkheim's examination of suicide in late 19th-century Europe offered a sociological perspective, with a major focus on social alienation and the influence of the forces of society on the individual. Freud viewed suicide as aggression turned inward as a result of early internalization of disappointment with a loved person (object-relationship). Freud noted the ambivalence of love and anger toward this internalized object (Backer et al., 1982).

During the past 30 years the focus has shifted to prevention, largely because of the leadership of Shneidman, Farberow, and Litman. In particular, Shneidman's efforts to scientifically gather and analyze data from suicide notes, psychological autopsies, and interviews with attempters and professional counselors have provided a great deal of information about characteristics of the suicidal person and strategies to prevent the suicidal act (Backer et al., 1982).

Causative Factors in Suicide

Differences by Gender

Research has provided a considerable amount of useful information about the internal and external conditions that are present for the suicidal individual. We know that suicide occurs in all age, racial, occupational, religious, and social groups, however not on an equal basis. The most obvious and consistent differences in patterns of suicide occur according to age, sex, and race (Moore & Lewis, 1986). Lester and Lester (1971, p. 88) stated that, "of all that is known about the phenomenon of suicide, there is little so clear that men and women differ in their suicidal behavior." Furthermore, "simply being born predisposes every American to the base rate of twenty men or seven women (suicides per one-hundred thousand) per year" (Cutter, 1983, p. 13). Cutter (p. 14) added that "all women are at far lesser risk than all men at every age level."

Although the rate of completed suicide is consistently higher for men than for women, women show a consistently higher rate of attempted suicide. These gender data appear to hold true for different ages, races, and nationalities; however, the ratio may change. For example, although the ratio of attempted suicide in the general population is 3:1, male-female, the ratio for adolescents is 9:1, male-female (Lester & Lester, 1971). Rich, Ricketts, Fowler, and Young (1988) cited Durkheim as providing similar data for European countries, although several British studies reported ratios closer to 1:1, but still consistently higher for men.

Various explanations for the different rates of suicide by gender have been provided. Rich et al. (1988) posited two basic hypotheses for the differences in completion rates by men and women: (1) equal numbers of male and female attempters intend to commit suicide, but men are more successful because of their choice of methods; and (2) more men seriously intend to commit suicide.

Indeed, the evidence is overwhelming that men use more immediately fatal methods (firearms, hanging, and jumping) than do women, to the tune of 77% to 13%. In some studies, over half of male suicides involve guns, mostly handguns (Moore & Lewis, 1986; Rich et al., 1988). These authors acknowledged that many factors other than gender interact with the degree of seriousness with which individuals make attempts; they concluded, however, that being male leads to greater intentionality.

Alcohol and Drug Abuse

One of the factors identified as significantly contributing to male suicide is alcohol and other drug abuse (Cohen & Durham, 1986). Al-

though alcohol and drug abuse is much more common in men and women who have committed suicide than in the general population. "Alcoholism was . . . five times more frequent in men than women" according to a NIMH population study (Rich et al., 1988, p. 721).

"Alcoholics have extremely high rates of depression and suicide. An estimated 7% to 21% of alcoholics kill themselves, compared to about 1% of the general population" (Moore & Lewis, 1986, p. 9). Alcohol contributes to increased depression, impaired judgment, and reduced problem-solving ability, and it reduces inhibitions that are necessary to restrain individuals from their suicidal impulses. Successful treatment of suicidal men requires assessment and treatment of alcohol or other drug abuse as a first priority. In addition to the problems of reduced impulse control, individuals will usually have impaired ability to gain insight while using psychoactive substances such as alcohol. Thus, counseling efforts based on a rational exchange, insight, and understanding will be of little value while the person is under the influence.

Isolation

Another major factor that seems especially poignant in male suicide involves disrupted social relationships and isolation. Breed (1972, p. 16) succinctly made the point that ". . . isolation represents the beginning of the climax of self-destruction, because the human being is a social being, and without communication he loses his humanity." Loss of a spouse through divorce or death, on average, seems to contribute more significantly to male risk of suicide than to female risk. Maris and Lazerwitz's (1981) research suggests that men are more likely to commit suicide than women in response to divorce. The positive benefits of marriage may go beyond suicide. Married men live longer than unmarried men; however, the reverse is not true for women (Lesko, 1986). The incidence of suicide for men is lowest for married, next highest for widowed, and highest for divorced persons (Lester & Lester, 1971).

The shift from being married to being divorced is clearly more difficult for men than for women. Using measures such as suicide, violence, and debilitating diseases, Gove (1972) found men more negatively affected by divorce than women. Dreyfus (1979, p. 79) also found divorced men "frequently anxious, depressed, and feeling overwhelmed." Divorced men lose not only their wives, but frequently their children, friends, home, and family life. This massive amount of change and loss of support is disruptive and contributes significantly to an increased suicide risk for men.

A critical issue at the center of these interpersonal losses involves men's ability to deal with their dependence needs. Most men have learned

to deny their relationship and dependence needs largely because of the fear of being weak and losing masculinity. Frequently, men begin to address these needs for the first time during or following divorce proceedings. Unfortunately, men are frequently reluctant to seek counseling because of these same fears of dependence. The experience of major interpersonal emotional loss, increased isolation, and resistance to counseling or other healthy sources of support leave men vulnerable and in a high-risk suicide category.

Divorce

Divorce represents a major crisis for many men, one that often results in significant psychological impairment, and, too frequently, in suicide. Counseling can be an important opportunity to help men come to terms with their emotional dependence needs in ways that will provide immediate relief and set the stage for vastly improved long-term social-emotional functioning. During counseling, men can begin to explore their values, emotional needs, quality of relationships, vulnerabilities, and life-style. They also may be encouraged to understand their own real feelings as opposed to the male role script learned well very early in life. For these men, divorce counseling can and frequently does open the door to a richer emotional life. Regrettably, many men refuse professional assistance, a fact that only emphasizes the need for primary prevention programs that teach boys from an early age how to be honest about their needs, including their relationships, while living in a society that teaches them to be self-sufficient to an excessive degree.

Family Disunity

Other studies have emphasized the importance of early disruption in family relationships as a critical factor in adolescent suicide (Jofte, Offord, & Boyle, 1988). A large proportion of young suicide attempters, in particular, have experienced this type of disruption through divorce, separation, or death of a parent (McAnarney, 1979). Many adolescents have a history of physical abuse in their families, come from families where other members have made suicide attempts, and frequently attempt suicide following some sort of family quarrel. Long-standing relationship difficulties in the family, especially with the father, also have been observed.

Hawton (1982) and McAnarney (1979) also point to evidence indicating that family disunity, multiple separations, and divorce increase the risk of suicide attempts, especially among adolescents. Conversely,

a stable parental situation can be expected to reduce the likelihood of attempted suicide.

Stable, positive relationships seem to be a significant factor in reducing the risk of suicide (Hawton, 1982). When one considers the highly mobile and unstable American family, it is easy to understand the dramatic rise (estimated to be between 250% and 300%) in suicide in the 15- to 24-year-old age group over the past 30 years. The critical factor may well involve the number of persons with whom the individual can maintain meaningful communication. A decrease in the number of persons available for this type of relationship seems to be a significant factor in suicide (Rembart & Lindea, 1983). Lester and Lester (1971) also concluded that individuals who move into a new environment or have others move into their environment are at greater risk.

Special Populations

The elderly represent a particular population at risk largely because of the increased loss of social support that in part is caused by disruption of environmental surroundings. Older persons and older men particularly constitute a disproportionate percentage of suicides. The literature suggests that among those at greatest risk are men who have lost their spouse, live alone, and receive little emotional support from their families (Wass & Meyers, 1982; Wenz, 1980). In fact, although men who live alone are at greater risk of suicide, the same is not true for women (Miller, 1979).

Other characteristics found descriptive of older Canadian men who committed suicide included physical illness; a high tendency to use lethal methods such as firearms and hanging; less likelihood of informing others in advance; and a lower tendency to be involved with alcohol or other drugs or to have been a victim of violence prior to death (Jarvis & Boldt, 1980). Men experiencing chronic illnesses are often prone to consider suicide rather than face the prospect of becoming totally dependent (McCartney, 1978).

The risk associated with widowhood seems especially great for men because of the lack of a supportive social network associated with the social and personal disorganization following the death of a spouse. The first year of widowhood for men is an especially high-risk period (Wenz, 1980).

Minorities represent another subpopulation of men with special characteristics. It would clearly be a mistake to lump all minorities together in this discussion. Differences within, as well as between, minority groups are apparent. For example, research suggests that a high rate of suicide among Native Americans may be due to living on the reservation

(Lester & Lester, 1971; McIntosh & Santos, 1981), and older Chinese immigrants have a higher suicide rate than do native born Chinese-Americans due to the loss of social support and failed expectations in the new culture (McIntosh & Santos). One of the hazards especially relevant to minorities is the issue of frustrated expectations. Lester and Lester (1971) observed that job opportunities may actually raise the suicide rate of young Black men because the expectations may exceed the reality.

Lack of social support and approval and failed expectations are themes that emerge in male suicide for minority men and nonminority men alike. Perhaps no better example can be found than the returning Vietnam soldiers. Furthermore, this group represents an anomaly, demographically, with men in their middle years experiencing the highest suicide rates as opposed to the expected higher rates for older and younger men (Cutter, 1983).

Assessment

We have learned a great deal about who is at risk and under what circumstances. Although some prevention and prediction efforts have not proven efficacious (suicide prevention centers, for example) (Cutter, 1983; Farberow & MacKinnon, 1975; Moore & Lewis, 1986), there is a great deal of information related to proper assessment, intervention, and prevention that is of considerable value especially for the professional who is working directly with the suicidal client.

Mental health professionals have a clear ethical and legal responsibility to protect suicidal clients. Most clients who express suicidal intentions are willing to cooperate with therapists to reduce the risk. In instances where clients insist that it is their right to take their own life, the professional has an obligation to intervene to protect life even when the client resists (Corey, Corey, & Callanan, 1988).

Assessing the seriousness of suicidal intent is one of the more difficult and generally stressful tasks mental health workers face. Assessment of suicidal men is frequently the most difficult for several reasons. Men tend to be reluctant to participate in any psychotherapeutic intervention, including an assessment of their emotional functioning. Even when therapists develop initial rapport with men, accurate assessment of suicidal intent may be limited by the man's willingness to divulge completely the depth of his emotional pain and felt need for support. The common male tendency to deny emotional pain and a determination to maintain the self-sufficient male role masks the seriousness of suicide risk, contributing to reduced effectiveness in the prevention of male suicide.

Over the past decade useful guidelines, checklists, and assessment scales have been developed, researched and published. Successful utilization of these assessment tools, however, requires accurate reporting of behavior, affect, and cognitions. Men frequently withhold essential information from the therapist because of fear that they might be perceived as weak or dependent. For many men, it may be more respectable to commit suicide than to disclose feelings of helplessness and need for assistance.

Sense of Hopelessness

Several approaches to the assessment of suicide risk are especially noteworthy for the mental health worker. Identification of major factors in suicide and approaches found useful in evaluating suicide risk follow. A sense of hopelessness is considered the major link between depression and suicide, and the Beck Hopelessness Scale is considered an excellent instrument for use in suicide assessment (Petrie & Chamberlain, 1985). In a 10-year longitudinal study 90% of depressed, suicidal patients who scored nine or more on Beck's Hopelessness Scale eventually killed themselves. Only one patient who had a score below nine committed suicide (Beck, Steer, Kovacs, & Garrison, 1985). Shneidman (1985b) identified feelings of hopelessness and helplessness as the common emotions in suicide. The person feels there is nothing he or she can do and that there is no one else who can help with the pain.

Psychological Pain

Psychological pain is the common stimulus in suicide (Shneidman, 1985b). Recognizing the unique meaning each individual attaches to events is imperative. It is crucial for the therapist to understand the client's unique perception and the degree of pain experienced (Bobele, 1987; Corey et al., 1988). Understanding the unique meaning of events and the degree of pain for men is difficult because of their tendency to deny the degree of emotional pain even to themselves. Because of male reluctance to disclose feelings openly, those assisting men who are contemplating suicide may need to call upon their capacity for advanced empathy to understand the particular meaning that a man attaches to an event.

A major source of pain involves the loss of something highly valued. About 10 years ago I received a call at midnight from a suicidal client who was upset and reported suicidal feelings in response to the death of a pet bird. This individual had been diagnosed as a borderline personality and had a long history of suicide attempts and hospitalizations.

Yet, for a brief moment I was tired, not yet mentally alert, and very tempted to attach my own less painful meaning to the loss of a pet bird. Fortunately, as mental alertness arrived, it became clear that this loss represented that of a "close friend." My client survived this loss, and, with continued counseling, went on to improved relationships with people.

Another example of psychological pain associated with loss occurred during my first year as a counselor in our university counseling center. In February of that year, an 18-year-old freshman, a young man who had been a straight "A" student in high school and during his first semester in college, received a "C" on a chemistry exam. That night he drank a bottle of toilet bowl cleaner containing lye and died an agonizing 24-hour death. Our psychological autopsy revealed a lonely young man who had lost what must have seemed to him like his only major source of meaning and personal worth. His psychological pain must have been enormous.

Eliciting a man's philosophy of life and the meaning he attaches to events is fundamental to the issue of suicide. Belief systems play a crucial role in suicide. Male reluctance and at times inability to disclose inner thoughts and feelings openly contribute to the difficulty in arriving at an accurate assessment of danger. Helping male clients understand that open sharing of feelings and accepting help from others is entirely congruent with being men may set the stage for the sharing of inner thoughts and feelings so essential to an accurate diagnosis of suicide risk. It also is important to treat professional men in the same manner as non-professional men and to avoid the mistake of undertreating people with status.

Understanding a man's lifelong coping patterns will also provide useful information in understanding the individual's reactions to threat, pain, pressure, and failure. Using this concept of lifelong coping patterns to pain, Shneidman (1985b), using background information on a group of 30 male subjects from the well-known Terman study of the gifted, was able to select accurately the 7 men who had previously committed suicide from a group of 30 profiles. Based on certain psychological consistencies such as habitual reactions to threat, pain, pressure, and failure, a determination of which men would commit suicide at about age 55 could be made before their 30th birthdays. Suicide is a movement away from internal pain that is seen as intolerable.

Constricted, Rigid Thinking

Constricted, rigid thinking is another major characteristic of individuals at high risk for suicide (Shneidman, 1985b; Cutter, 1984;

Linehan, Goodstein, Nielsen, & Chiles, 1983). A narrowing of options and reduced flexibility in perception are common cognitive qualities associated with high-risk suicide profiles. "Have to, must, should, ought to, can't, no choice, all, none, always, and never" are examples of words that characterize this rigid cognitive thought process (Lester & Lester, 1971). Furthermore, the rigidity is often negative and self-limiting. Men in our society have traditionally been taught that they need to be in control and to be the final authority. The title of the television program of the late 1950s, "Father Knows Best," is an example of the social expectation that men should be right and not make mistakes. This type of thinking contributes to the rigid, dogmatic thought process characteristic of men at high risk for suicide. Men who believe their masculinity requires that they be in control are at a great risk for depression that results from the reality that they truly cannot control the external environment, including people.

In response to failed efforts to control the external environment, a man may convince himself that the environment is in control of his emotions and may develop what Seligman (1975) described as learned helplessness. Maier and Seligman (1976) described three deficits that develop when individuals repeatedly fail in their efforts to establish control in their lives: motivational—the individual makes no effort to change the outcome; cognitive—the individual does not learn new responses; and emotional—the individual becomes depressed.

Suzanne Kobasa (1979) used the term *hardiness* to describe male executives who had high-stress jobs, yet experienced low rates of illness. Hardiness includes three factors: a *commitment* to self and to active involvement in one's surroundings; *control* (internal locus), a belief that one can influence (but not control) one's environment; and *challenge*, a willingness to change and make necessary adjustments and to see change as a challenge. In subsequent research she and her colleagues (Kobasa, Maddi, & Kahn, 1982) substantiated her early findings that individuals, especially men who possess high levels of hardiness, are more likely to remain well than individuals who have different cognitive styles. Individuals with a high level of hardiness are more likely to search for and see possibilities and are much less likely to be negative or rigid in their thought processes. Cutter (1983) described self-destructive thinking as involving a loss of flexible thinking, with less focus on positive events and more attention to negative circumstances.

Frustration of Psychological Needs

Assessing the degree of frustration of psychological needs, what Shneidman calls the perturbation level, is another important aspect of

Myths About Suicide

FACT Studies of a large number of psychological autopsies of suicidal deaths reveal that clear clues were present or inferred in approximately 80% of the cases. Frequently one of the last major acts of the suicidal individual is to make some interpersonal communication either related to the suicidal act (Shneidman, 1985).

MYTH Teenagers and young adults are the age groups at highest risk of suicide.

FACT Although the 15- to 24-year-old age group has experienced the most dramatic rise in suicide over the past 30 years (an increase of approximately 250% to 300%), the older age group (65 years old and older) has traditionally been most at risk. Currently, the teenage/young adult group and the older adult groups are both considered at high risk, at least in the White population. The pattern is quite different for several minority populations, where young male Blacks and young Native Americans are at much higher risk than their elders.

MYTH Suicidal individuals will eventually kill themselves.

FACT Indeed, previous suicide attempts are the single best predictor of eventual suicide. Yet only 1 out of 10 attempters will eventually kill themselves. Suicide prevention efforts that focus attention on individuals who have made previous attempts are well directed. Regular follow-up, especially in the months following an attempt, threat, or major depression involving suicidal ideation is one of the better approaches to prevention.

MYTH Most suicide is an impulsive act.

FACT Suicide is much more an act of compulsion than impulse. The vast majority of high-risk people who eventually commit suicide have given a great deal of thought and planning to the act. The major exception to this rule is the more seriously disturbed individual, who is apt to act much more impulsively, randomly, and chaotically. The fact that the majority of high-risk individuals approach suicide compulsively provides mental health professionals the opportunity to intervene, providing the professionals recognize the warning signs and know how to respond.

MYTH The mental health professional alone is responsible for preventing suicide.

FACT The mental health profession has a great deal to learn about suicide prevention. Despite efforts over many

decades to prevent suicide are still unable to predict or prevent many suicides. However, our current knowledge suggests that effective suicide prevention requires a systems approach (Litter, 1983). The mental health professional needs to work in concert with the medical community, family, employers, clergy, and other community members in the person's system to establish a prevention plan that recognizes the critical role that all people, not only professionals, can play in prevention.

Suggested Resources and Approaches for Suicide Prevention

Litter (1983) developed an excellent compilation of assessment resources, intervention strategies, and resource materials. Furthermore, Litter granted permission in advance to the individual reader to duplicate and use any of these materials providing the reader gives proper acknowledgment. Litter also requested feedback from the reader regarding observations related to the use of these materials.

Litter's core conceptual model for suicide prevention is based on the fire prevention education model that teaches that three conditions are essential for fire: oxygen, fuel, and flame or heat. Remove any one of these, and the fire will not start or will be extinguished. In suicide prevention, Litter's model identifies the intensity of the wish to die, the kind and amount of distress, and the degree of planning as the essential ingredients in the suicide prevention triangle. Remove any one or more of these, and self-injury can be deterred. Litter believes that each of these is necessary, but is insufficient by itself, for any suicide.

An organized, systematic approach to suicide prevention is recommended in order to mobilize an integrated and focused response from the community. Litter's (1983) approach provides an excellent outline for mental health professionals. Litter's comprehensive suicide prevention approach includes a flowchart of precipitating factors, data on factors that are correlated with increasing risk, a listing of suicide assessment devices, scales for rating lethality of suicide planning, a self-injury incident report form, instructions for administering and scoring a projective "draw a person committing suicide" test, a semantic differential assessment tool, Rorschach signs of suicidal intent and lethality, a satisfaction scale, a significant loss checklist, criteria for hospitalization of a high-risk person, a listing of minimal lethal doses of common prescriptions, a sample copy of a suicide prevention plan, criteria for re-

patient levels of observation based on suicidal risk, checklists for forensic issues and providing optimal information to the media, a checklist of preferred methods of self-injury in the United States, and a checklist for manifestations of clinical depression in adults, adolescents, and children. Information is also provided for establishing programs for special populations including schools, colleges and universities, and the elderly. Finally, Center provides a quiz on knowledge about suicide and computerized assessment materials that might be used effectively as educational tools and as assessment devices when training paraprofessionals and professionals alike.

A few concrete suggestions for counselors in responding to suicidal men include:

1. Listen with empathy to the feelings of your client. Be cautious not to inject the meaning of the person's experience through your own. However, trust your feelings when you suspect your male client is masking his pain with masculine bravado or denial.
2. Ask a male client specific questions, including whether he is considering suicide, how, when, where, and so forth.
3. Give hope, if nothing else, that you will stay with the client and not abandon him.
4. Evaluate the intensity of frustration and emotional upset. Provide immediate assistance in reducing environmental barriers that are sources of frustration.
5. Listen for rigid, constricted thinking, and, when possible, begin to offer some possibilities that the individual may be willing to consider.
6. Remind the person that feelings of depression will pass. Remember that the high-risk lethality period usually lasts a matter of a few hours, although the feelings of depression may return later.
7. Evaluate suicidal potential for all depressed clients. A majority of individuals who have committed suicide have a history of serious depression (Moore & Lewis, 1956).
8. Point out that death cannot be reversed. Children and adolescents may not fully comprehend the irreversible nature of what they are about to do.
9. Never leave the person alone during an acute crisis.
10. Be supportive and caring, yet firm. If the person is out of control, take control using whatever measures are necessary, including calling family, or the police or seeking involuntary hospitalization when cooperation cannot be gained from the client.

11. Remember, most suicide is not a movement toward death, rather a movement away from pain. Much of this pain, especially for men, seems related to social isolation and lost relationships. Use the counseling relationship as a temporary source of replacement and assist the individual to develop new relationships as soon as he is able to do so. In my own practice I have assisted many men to become involved in local singles support groups with excellent results. Working with the families of these men to sensitize them to the emotional needs of their sons, brothers, husbands and fathers has also proven helpful.
12. Evaluate alcohol or other drug abuse. If chemical abuse is present, recognize the necessity to treat the drug problem as an immediate priority. Successful counseling is not possible while an individual is abusing chemicals. Men are at particular risk of alcohol abuse, which is one of the primary factors in the higher rate of male suicide. Yet, in past years counselors were not well trained in alcohol abuse assessment and intervention.
13. Evaluate for possible medical or physiological disorders. Organic difficulties such as thyroid problems and brain tumors may be the primary cause of depression and suicidal thoughts. Work closely with the medical profession for evaluation and consultation when individuals are receiving prescription medications.
14. Take a complete history. Knowledge of previous suicide attempts is crucial. Previous attempted suicide place individuals at greater risk.
15. Develop a no-suicide contract with every client who is thinking seriously about suicide. Keep the contract brief, usually for a period of several days or weeks, and review the contract in a timely manner.
16. Remember, you alone cannot prevent suicide. Client cooperation is ultimately the final consideration. Regrettably, we cannot always prevent damage done to people. The good news is that much of the time we can help.
17. Remove firearms and other immediate lethal weapons and resources from the person. This is particularly important with men, who are much more prone to use firearms as the method of choice.
18. Mobilize community and family support when possible. Developing positive, supportive relationships is one of the most important steps that can be taken to prevent suicide.
19. Develop a network of committed professionals including counselors, physicians, judges, police officers, crisis workers, clergy,

and others who communicate and who support one another toward the goal of suicide prevention.

20. Develop educational programs in the schools and community that teach young boys to disclose emotional needs and teach skills in developing and maintaining positive relationships.
21. Offer men's support and therapy groups where men can feel free to disclose feelings and offer and receive support from others.
22. Offer academic and non-credit courses and programs in men's studies. Women's studies have proliferated over the past two decades, with men's studies slow to or poorly developed in most academic institutions.
23. Take every threat, gesture, and attempt seriously. Although some suicidal behavior is intentionally manipulative, only a proper evaluation will provide the basis for a sound response.

Conclusion

Although there is much to learn about counseling suicidal men, we have a great deal of valuable knowledge at the present that can be used effectively to reduce the incidence of these preventable deaths. Men represent a special challenge for the counseling profession because of their general reluctance to become involved in counseling and their adherence to the male role, which has taught them to be self-sufficient to the point that they often commit suicide rather than seek or allow assistance from others.

In a similar manner the counselor, especially the male counselor, needs to remember the importance of seeking the assistance of others in responding to suicidal clients. Consulting with colleagues and gaining the support of key people in the client's life are examples of a shared community approach to suicide prevention.

It is becoming increasingly apparent that the breakdown of the family and widespread alienation are major contributing factors to the increasing risk of suicide. In a true primary prevention model, we must seek solutions to these broad societal problems to make a true impact on suicide reduction.

Appendix A: Self-Injury Incident

Name _____ Date _____

Informant _____ Relation _____

Date of incident _____ Time _____

Place of incident (bathroom, etc.) _____

Other persons present _____

Self-injury method used _____

What became of instrument used _____

Parts of body injured _____

Substances ingested (give name, quantity, such as pills consumed if unknown) _____

Describe prior preparations made for the self-injury _____

Were prior verbalizations made about self-injury _____

Did the victim take steps to prevent rescue? _____ What? _____

ICAD No. (DSM-IV) _____ Suicide note: Yes _____ No _____ (attach copy of note if available)

Was person hospitalized as a consequence of this incident? If yes, give details of treatment, length of stay, name of hospital, dates, etc. _____

If available attach copy of law enforcement report

Give dates of prior self-injury incidents and methods used _____

Signature _____

Print name and title of professional below _____

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Appendix B: The High-Risk Life Cycle

Early:

1. Bereavement before ages 13–15
2. Parental or surrogate suicide at any age
3. Unusual or premature death of parent after age 10
4. Parental psychopathology
5. Identified behavior or emotional problems before age 10
6. Maladjustment at school, work, or military
7. Marital problems
8. Other male living alone
9. Under 35
10. History of treatment for mental disorders

Middle:

11. Severe trauma to life
12. Alcohol, drug dependency
13. Pain, sleep, bowel, weight problems
14. Medical compliance in long-term illnesses, e.g., diabetes
15. Onset of life-threatening illness: heart, cancer, stroke
16. Dependent, disturbed behavior
17. Sex, losses
18. Loss of inner-sensory, subjective including emotions
19. Institutionalization: hospital, prison
20. Self-injury behavior, less lethality, easy self

End Stage:

21. Personal resources exhausted
22. Significant losses to last hero/ine
23. Loss of hope
24. Criteria for death approached
25. Significant others more consuming or competent

26. Aimlessness, drifting in and out of community agencies
27. Depression, acute or recent
28. Substance addiction
29. Disabled and/or unemployed
30. One or more self-injuries with increasing lethality
31. Preferred method identifiable
32. Has plan with method available

The presence of these characteristics helps to place the client in some perspective with respect to urgency of intervention. If the majority of these identifiable conditions are in the end stage, the health professional has less margin of time for planning intervention strategies, and must mobilize these with more extremes of effort.

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Appendix C: Psychological Autopsy

Section A: Suggestions for the Psychological Autopsy

The traditional medical pathological conference was adapted by Shneidman and colleagues in the early fifties (1961) to evaluate ambiguous modes of death reviewed by L.A. Coroner's office. There is no one way to conduct an autopsy; nor is it merely a collection of charted facts. The psychological autopsy, when carried out appropriately, is really a human process where health professionals attempt to identify the motives, lifestyle, and feelings of the patients by reviewing their own observations, including private feelings toward the patient.

These data become available when health care teams seek to find an explanation for self-injury behavior in a client in a context of professional observations, reviews, and of searching for one or more consequences. In this process, new facts are created coming from participants who have accumulated attitudes based on client's behavior. In the course of reviewing victim actions, one or more present begin to express these collective attitudes. Such themes become diagnostic of personality styles, problem solving, and intentions to die.

The user of this guideline should be aware that there are levels of observation possible and that information or attitudes surfacing in the conference will have different values depending upon what source it is perceived to rise from. These levels of observation are:

1. The fact of death or self-injury
2. The chronology of these facts
3. Inferred motivations by the observers
4. Reactions victim associates to the abuse
5. Collective themes observed in survivors or assembled staff

There is no set way to conduct the autopsy nor listing of acts to be obtained. It is rather a process in which the whole is greater than the sum of its parts or the isolated facts elicited.

The list attached is simply a guide to starting the process which will proceed at its own pace and in directions never quite predictable. The guide is intended to help the chairperson keep some perspective on the events. There is no substitute for professional judgment and collegial review of ambiguous outcomes.

In addition, the facilitators should be aware that participants are experiencing a loss which varies in degree for each member of the staff, whether present or not. They will each be utilizing their own unique methods of managing these feelings. The person providing leadership to the autopsy conference needs to allow each person present sufficient psychological space to accomplish personal resolution of grief reactions.

Section B: Guide to the Psychological Autopsy

—Prepare members for the process of reviewing a client's death.
—Elicit the facts of this death.

Describe the self-injury incident. What happened, when was it solved, where did it occur, when was behavior noticed, how did the self-injury occur. Save "why" questions until information is elicited.

—Establish the chronology of these facts organized from remote to time of injury. Simply list information as obtained but place in a chronological framework. Include any behaviors that were selected out. Look for all confirmed movements in the last days.
—Note behaviors and verbalizations contributed by staff members that are not part of the previous health records.
—Attempt to infer motives for the following:

1. Wish to die, extent and duration of the wish
2. Lethality of self-injury methods and amount of the wish
3. Meaning of death to the victim
4. Perception of victim's existence, especially as spoken by significant others
5. Consequences of death for these others

—Reactions of others to victim death (include staff):

1. Pre-self-injury attitudes
2. Post-self-injury reactions
3. Reactions "off" the record
4. Reactions in meetings

—Collective themes observed in meeting especially in controversies about the victim

NB: The psychological autopsy should be separate from a medico-legal investigation. The chairperson should attempt to provide a non-judgmental and supportive atmosphere.

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